The Journal of Pastoral Care

VOL. XI SUMMER, 1957 No. 2

CONTENTS

GROUP EXPERIENCE AND COMMUNICATION IN INTERPERSONAL RELATIONS
The Rev. Robert C. Leslie ..... *Page 65*

THE RELATIONSHIP BETWEEN RIGIDITY AND RELIGIOUS PARTICIPATION
Lawrence Appleby, Ph.D. ..... *Page 73*

RELIGION AND PSYCHIATRY: SOME PHILOSOPHICAL OBSERVATIONS
Graham B. Blaine, Jr., M.D. ..... *Page 84*

WHEN TROUBLE RUNS DEEP
Harold Kenneth Fink, Ph.D., and Georgia Elisabeth Fink *Page 91*

A CHAPLAIN LOOKS AT HIS PATIENTS
The Rev. Keith W. Keidel ..... *Page 98*

REFLECTIONS ON CLINICAL TRAINING: A MEDITATION
Phil Shen ..... *Page 101*

MENTAL HEALTH AND THE INDIVIDUAL
Dana L. Farnsworth, M.D. ..... *Page 104*

EDITORIALS ..... *Page 106*

COMMUNICATIONS ..... *Page 113*

BOOK REVIEWS AND NOTICES ..... *Page 115*

NOTES AND COMMENTS ..... *Page 127*

A Professional Journal

sponsored by the Council for Clinical Training

and the Institute of Pastoral Care.

The Journal of
Pastoral Care

PUBLISHED IN THE INTEREST OF SHARING EXPERIENCES AND INTERPRETATIONS OF PASTORAL WORK, INTERPROFESSIONAL RELATIONSHIPS, THE THEOLOGY OF PASTORAL CARE, AND CLINICAL PASTORAL TRAINING.

Editor
ERNEST E. BRUDER

Associate Editor
ROLLIN J. FAIRBANKS

Managing Editor
LUBERTA M. MCCABE

Business Manager
EMILY A. SPICKLER

Editorial Board
JOSEPH F. FLETCHER
CARL MICHALSON
SAMUEL H. MILLER
WAYNE E. OATES
OTIS R. RICE
DON C. SHAW
CARROLL A. WISE

Book Reviews
ROLLIN J. FAIRBANKS

Abstracts and Exchanges
JOSEPH F. FLETCHER

Published quarterly by the Council for Clinical Training, Inc., at 1312 Eye St., N. W., Washington 5, D. C.

Subscription: $3.00 a year; single copies, $1.00 each. All business correspondence (including subscriptions) should be directed to Miss Emily A. Spickler, Business Manager, Council for Clinical Training, Inc., 2 East 103rd St., New York 29. Editorial correspondence should be sent to the Managing Editor, Dr. Luberta M. McCabe, 61 Lexington Avenue, Cambridge 38, Mass. Books, reviews, and correspondence pertaining thereto should be sent to the Rev. Rollin J. Fairbanks, 12 Phillips Place, Cambridge 38, Mass.

Payment is made for original articles and editorials following publication.

Entered as second-class matter at the Post Office at Washington, D. C. Copyright 1957 by the Council for Clinical Training, Inc. All rights reserved.

The Journal of
Pastoral Care

VOL. XI SUMMER, 1957 No. 2

GROUP EXPERIENCE AND COMMUNICATION IN INTERPERSONAL RELATIONSHIPS

THE REV. ROBERT C. LESLIE, PH.D.

Department of Pastoral Psychology and Counseling, Pacific School of Religion, Berkeley, California

I

It is characteristic of most groups that communication is conceived of as being present at a fairly high level. In even a large group we like to feel that we have a basic understanding of what the other person is trying to convey. In smaller classes or committees or training groups we are even more ready to assert that we are, in truth, a comfortable sort of group in which the flow of ideas and decisions is carried on in an atmosphere of good fellowship. When group activity is analyzed carefully, however, it becomes apparent that some groups have achieved far greater facility in communicating in a fundamental way than others and that, indeed, some of the

Reprinted with permission from Vol. L, No. 2, March-April 1955, *Religious Education,* which is published by the Religious Education Association, 545 West 111th Street, New York 25, New York.

NOTICE: See page 128 for an important announcement.

groups seldom reach the point where interaction is on a meaningful level. It is the purpose of this article to look more carefully at what is involved in making significant communication possible in a group situation. Our attention will be directed to that type of group which is therapeutic in its orientation since it is this type of group with which the writer is best acquainted personally. The basic principles that will be dealt with, however, are generally applicable in any group setting. The differences between normal groups and therapeutic or treatment groups is quantitative rather than qualitative, manifesting itself in more intense feelings, many of which are ambivalent, toward the group leader and group members.[1] In therapeutic groups, conflicting tendencies which tend to interfere with the work of the group are highlighted and become the basis for investigation. That is, the very goal of a therapeutic group is the freest sort of meaningful communication.

II

A large part of the uniqueness of a therapeutic group lies in the experience of communicating freely, without defensiveness, in as personal and emotional a manner as one desires.[2] In no other type of group situation is it possible to be perfectly honest about emotions that are present, as they are recognized in the self and shared with others. The testimonies of students who have participated in such groups indicate how meaningful such an experience can be, and, by implication, how important it is for us to be concerned about providing for situations which enhance communication in the freest sense. One student who participated in an academic program that included a meaningful therapeutic group experience may be helpful at this point. In evaluating the experience he wrote:

> This work has meant more to me than any other course in seminary. This week, for the first time, I was able to pray with some sense of prayer being real. I think the reason was that I have begun to understand people better and to accept myself more. I was able to accept the hostility of a parishioner without getting upset, and over the week-end my wife and I were able to discuss why each of us has had to be so defensive with each other, leading to constant quarreling. All this has been made possible because I first was able to participate freely in our student group.[3]

In a similar way, another student points up the importance of communicating on the non-defensive, personal, and emotional level:

> Our own group sessions were highly valuable. They were valuable to me personally, in that, for the first time in my life I actually tried to let my defenses down and to express myself to a group. This wasn't easy and at times became almost traumatic, but I felt purged and refreshed for

---

[1] *Cf.* James Mann, "An Analytically Oriented Study of Groups," *Journal of Psychiatric Social Work,* XX (June, 1951), p. 138.

[2] *Cf.* George R. Bach: *Intensive Group Psychotherapy;* Ronald Press, New York, 1954, p. 30.

[3] JC at Boston State Hospital, 1953.

the experience and I think I have worked through problems which have always bothered me.[4]

These students have found the group experience meaningful because it has been so different from the usual type of group association. The group fellowship, under a therapeutic orientation, has been so intimate and so accepting that the student could drop his defenses, could see himself as he really is, and could gain the courage necessary for modifying his behavior. Another student writes about what might be called the redemptive aspect of the group experience[5] in which the interpersonal relationships within the intimate group life gave enough security to provide courage to face the truth:

> The greatest value of the course for me has been the group experience which we have had. I have never experienced anything quite like it. It was of value to me, first of all, because of what I learned about group dynamics and what goes into making a mature group. But it was of more value to me because it was a therapeutic group. I have felt freer and more able to be myself in that group than in any other I have been in. It wasn't so much being able to express hostility, but being able to express my inadequacies and feel that they were understood and shared to some extent by the rest of the group.[6]

We have been implying that real communication is more concerned with interpersonal relationships than it is with intellectual formulations, that until personal feelings have been taken into account there are erected strong barriers to the free flow of ideas and information and decisions. We are all well acquainted with the problems of committee work where progress toward an action goal is thwarted by the often unrecognized needs of the individual members, where decisions are determined not by objective standards but according to personal needs. Any committee member who is alert to the flow of feelings readily discovers how others (not the self) may become so blinded by intense feelings that they neither hear nor think clearly. Indeed, the alert leader soon learns to look behind the content being discussed to the feelings that are present since only when feelings have been clarified can content be dealt with with any objectivity. To give a crude example, it makes little real difference where the official board decides that its church should be painted grey or white, but the matter of importance is that each member of the board shall be made to feel that his choice is being respected. Behind the maneuvering of committee members may be recognized attempts at fulfilling ambition for prestige or, even oftener, unverbalized obstruction tactics such as objecting to a motion because the proposer possesses a certain obnoxious type of personality. In a summer clinical pastoral training group the students became painfully aware of how much their personal feelings were involved in the work of the group when, on the occasion of a party, the one woman in the group was completely forgotten. In the subsequent discussion, the free expression of feeling

---

[4] JE at Boston State Hospital, 1950.
[5] *Cf.* Reuel Howe, "The Role of Clinical Training in Theological Education," *Journal of Pastoral Care,* VI (Spring, 1952), p. 8.
[6] KM at Boston State Hospital, 1950.

toward the one female member of the group cleared the way for a real meeting of persons on a more mature and less prejudiced basis.

The identification of personal feelings which interfere with communication in the group is by no means a simple matter, however, and is an area in which real help is needed. A part of the problem grows out of the fact that in our culture, especially in our Christian culture, the expression of feeling, whether tender or hostile, is rather effectively suppressed.[7] We have been trained to believe that it is not in good taste to give free and spontaneous expression to our feelings even where such expression is appropriate. The result is that it becomes difficult to perceive the feelings that are present that disrupt interpersonal communication. As a matter of actual fact, feelings are conveyed anyway in one form or another, and if they are not expressed directly, they will take warped and insidious forms that are destructive of interpersonal relations.

The difficulty of recognizing personal feeling is nicely illustrated by a girl in a group of theological students' wives who was very vocal in her expression of scorn at the ineptness of another wife who had had an unplanned pregnancy. It was only when the leader lifted out her emotional reaction for the group's examination that it became clear that the scornful girl herself wanted very much to have a baby but was prevented by the family's state of finance which necessitated her teaching. The communication between these two girls, which reached a new low during the first stages of the exchange, reached a new level of understanding after the feeling tones had been clarified, and the entire group benefited from seeing how intense feelings could hinder productive interaction until they were clarified and at least partially understood. So it is, as George Bach points out, that a group member learns

> to read cues . . . to his own anxiety about tough spots in life in which he has to "watch himself," and he gets to know where he is likely to become overexcited or threatened, or fatigued, or easily involved in neurotic externalizations of his own or others.[8]

III

Assistance in helping the individual to perceive himself more accurately in group interaction comes first from the leader and then, following the example of the leader, from group members. Help in identifying the obvious feeling tones may come through such statements as: "This must mean a great deal to you," or, even more bluntly, "You sound upset." Other questions might be: "Are you expressing your true feelings?" or "What do you feel about it?"[9] In a recent clinical pastoral training group

---

[7] *Cf.* Robert Hyde, "Communication of Feeling in Group Psychotherapy," *Journal of Pastoral Care,* VI (Fall, 1952), pp. 26-33.

[8] *Op. cit.,* p. 289.

[9] *Cf.* Robert W. Hyde and Robert C. Leslie, "Introduction to Group Therapy for Graduate Theological Students," *Journal of Pastoral Care,* VI (Summer, 1952), p. 23.

the writer had occasion to point out to the group members how they were making a concerted attack on the counseling methods of one member when, in reality, the intensity of their emotion grew out of their own anxieties, their own apprehension about making new contacts, their own sense of guilt over not getting to their own counseling.

One of the most effective helps in recognizing involvement of personal feelings came to the writer in a situation where a group leader had entered so heatedly into a discussion that significant communication stopped and verbal sparring took over. In the next group session, however, the leader introduced the subject of his own emotional involvement and invited the group to consider with him the reasons for his outburst. The net result was a deeper awareness of how emotional factors are always present and of how, when recognized and understood and accepted, they can facilitate meaningful communication. When feelings in the self can be recognized, then similar feelings in others can be recognized and responded to.

IV

One of the real assets of the group situation is found in the opportunity it affords to gain facility in accurate self-perception through learning to recognize emotions present in others. It is always easier to identify emotional expression in others than in the self, especially when stereotyped patterns of response become clear. Numerous attempts have been made to clarify some of the roles played by participants in groups, roles which each individual can learn to recognize in others but which he fails quite completely to see in himself. Dr. Arsenian and Dr. Semrad have identified the following roles: *usurper* of leadership, with rival *contenders;* the aloof *pretender,* the leader's *protector,* the *rebel,* the *spectators* with perhaps a *spokesman* for the group ("some of us feel"), the scowling or sleeping *passive objector,* the *collaborators* who work best together, the *translator* and *clarifier,* the *chronicler,* the *wit,* the *pet,* the *pacifier,* the *loyal lieutenant,* the *reasoner,* the *scapegoat,* and the *Judas.*[10] The unique role commonly played by the individual becomes clear in a permissive and accepting group, and under the inquiring attitude of the leader the members learn to identify their own roles as they stand off and examine themselves in action. By watching the relative effectiveness of the different roles and by comparing their own roles in terms of efficiency and acceptability with others, the group members are motivated to learn, partly through imitation, to develop the kind of role which facilitates communication.

Of particular interest is the consistency with which individuals tend to play the same general role, communicating in so stereotyped a fashion that their contribution can be anticipated according to its usual pattern.[11] That

---

[10] *Cf.* John Arsenian and Elvin V. Semrad, "Application of Analytic Observations to Teaching Group Dynamics," *Journal of Psychiatric Social Work,* XX (June, 1951), pp. 152-153.

[11] *Cf.* George Bach, *op. cit.,* p. 283.

the individual's perception of himself and of others is the result of his life-long experience goes without saying. Personality traits become so deeply ingrained that change is always difficult, and until a person is exposed to a situation where he can feel so free that he can permit himself to examine his own defects in interpersonal situations, no incentive for making any change is likely to be found.

Even when the need for honest and direct expression of emotion has been demonstrated and when defects in stereotyped patterns of communication have been recognized in others and identified in the self, the process of effecting change in the direction of communication on a freer and higher level is extremely difficult. The desire for making a change in the direction of improvement is accompanied by the fear that the act of making a change will be painful. The thought of creating new and more effective patterns of communication arouses anxieties of inadequacies and especially of insecurity as the older even though ineffective patterns are relinquished. The result is a very ambivalent feeling leading usually to expressions of resistance to the one who symbolizes the change, the leader. The resistance is seldom expressed directly but is commonly found in disguised form. Telling irrelevant stories, reciting personal achievements, using technical terminology, and entering into theological debate on a highly intellectual level are some of the means commonly employed in groups of theological students where resistance to dealing with personal feelings that might call for basic personality changes is present.[12] The task of the leader is cut out for him in dealing with these expressions of hostility which he recognizes as resistance to being influenced in the direction of change. That the group situation helps tremendously in the recognition of such feelings has already been pointed out. By providing an atmosphere in which the similarity of personality problems is demonstrated and in which experimentation with new modes of interpersonal interaction is encouraged, the group becomes a highly effective medium for improving communication. One student expresses his willingness to change in these words:

> This whole experience has helped me not only to learn more about the meaning of interpersonal relations; it has improved my own relationships with people. The change is evident to me at home, in counseling and in the leadership of groups . . . This experience has brought me to the place where I can feel that I can risk a little more emotional freedom with people without hurt to myself or loss of esteem in their eyes. My relationships with people have been hindered frequently because I have held that to win their affection I needed to be pleasing to them. This maneuver has been basically a devaluating of myself. I am seeing that I do not have to be so self-conscious.[13]

---

[12] *Cf.* Robert C. Leslie, "Growth through Group Interaction," *Journal of Pastoral Care,* V (Spring, 1951), p. 37.

[13] RT at Boston State Hospital, 1954.

V

As a group works toward improving communication among its members a number of different levels become apparent. Dr. George Bach is especially helpful in identifying several progressive levels.[14] A first level of group communication is that of problem solving where a rational approach is used, leading to didactic advice-giving. All feelings are studiously avoided on this level. A second level makes possible freer communication with greater frankness and less restraint in the manner of a courtroom presentation where personal feelings are not guarded so solicitously. Still freer communication is possible on a third level where a wide range of emotional expression is encouraged and where, indeed, the emotion behind the words or act is repeatedly sought out. Hostilities come forth freely on this level and stereotyped patterns of group members are identified and provide the basis for discussion. As Bach points out, "those who dominate too much may be passively listened to on the previous levels, but may get laughed at or made fun of" [15] on this level. This level prepares the way for the next level in which the group members begin to modify their own security operations through testing them out on the group and experimenting with new and more efficient patterns of behavior. Role-playing may be a natural part of this process. The group members at this level of communication become diagnosticians, helping each other to sharpen their powers of self-observation and, by the impact of group perception, helping each individual to overcome his natural resistance to identifying his own defects in interpersonal relationships. This leads, then, to greater self-perception of how each individual affects and is affected by the others. Free recital of emotional reactions toward each other characterizes this stage, but even more, each individual has increasing awareness of his own particular needs, both conscious and unconscious. The final stage is one of effecting changes in the interest of more effective behavior repertoire. Instead of defensively maintaining stereotyped patterns of interaction, however ineffective they may have been, each person welcomes opportunity to learn new and creative ways of satisfying his needs. Dropping his own defenses, he can communicate freely in the interest of achieving the group goal.

VI

We have been saying that communication in a group setting is facilitated when the emotional factors present have been taken into account. We do not mean to imply that there must be agreement or that communication cannot take place where feelings run high. We do mean to indicate that until the emotion present has been identified and handled in a direct and forthright fashion, until both the self and the other persons have been clearly and accurately perceived, there is likely to be difficulty in communication.

---

14 *Op. cit.*, pp. 275-293.

15 *Op. cit.*, p. 282.

We have been implying, further, that communication in groups takes place on different levels. It is unlikely that opportunity for communicating on these several levels will occur except in a therapy group. Yet, the contribution learned from a study of therapy groups that is applicable to all group interaction is the stress that is placed on the importance of feeling for disrupting or facilitating communication. The more perceptive an individual is of the feelings present in himself and the more honestly expressive he is in an appropriate fashion of the feelings which he recognizes, the more perceptive and understanding he becomes of those around him. The result is not only communication at a high level, but also the development of meaningful interpersonal relationships and the enhancement of creative and productive living.

THE RELATIONSHIP BETWEEN RIGIDITY AND RELIGIOUS PARTICIPATION

LAWRENCE APPLEBY, PH.D

Senior Staff Psychologist at Osawatomie State Hospital, Osawatomie, Kansas

The study of religion, from a social psychological point of view, must be considered within the broad scope of cultural phenomena and their relationship to personality. Religion, in this sense, is regarded as an institution in our society and, therefore, as one factor affecting human behavior.

The purpose of this paper will be to present a short summary of an experiment bearing some relationships between certain personality characteristics and religious identification. A partial explanation for the findings will be offered, with corresponding implications for theoretical and practical considerations, as well as for future research developments. To introduce some of the complexities concerning religious behavior, a brief analysis of the culture's role in shaping personality is first in order.

Empirically, personality has to be studied as a dynamic process operating within a given social-physical environment. Culture provides not only the boundaries and limits of action but also the patterns of expected role behavior. Socialization is the cultural process through which an individual becomes humanized, learns to relate to his fellow man and to himself (13).[1] The forces of socialization are the culturally sanctioned demands and patterns imposed upon the individual. The process of individuation is the unique structuring of these cultural pressures by the individual. The total personality can be viewed as an organization and internalization of the social structure modified by the individual's own psychobiological need patterns. Frank has the following to say about the interaction of culture and personality:

> This dynamic organizing process will of necessity express the cultural training he has experienced so that until he withdraws from social life, as in the psychoses, he will utilize the group sanctioned patterns of action,

---

This paper is based on a thesis done as part of the requirement for the M.A. degree at Roosevelt University in Chicago, Illinois. The author is grateful to Dr. Marian A. Despress and Mr. Arthur Assum for their guidance on the original manuscript. In addition, he is indebted to Dr. Daniel E. Sheer of the University of Houston and The Rev. Charles Hall, Jr., of Osawatomie State Hospital, for their criticisms and suggestions in preparing this article.

[1] Numerals in parentheses refer to references in the bibliography.

speech and belief, but as he individually has learned to use them and as he feels toward the situations and people to whom he reacts. (9, p. 262)

Since the socialization process is the acquisition of the "group sanctioned patterns of action," then personality development can be viewed as directly related to the multiplicity of group pressures. From birth onward the social patterns of society are transmitted to the individual through the agents of the culture, such as the family and educational system (12). The individual is exposed to those group values with which the cultural agents are closely allied and consequently some of these groups play a more important and even major role in their impact on personality. The forces of a group ultimately form a similarity of character among its members and influence the direction of behavior.[2]

Religion, assumed to be one of the most basic groups within our culture,[3] can be understood within this general theoretical context. The effects of religion are directly upon an individual's value system, which influences his perceptions and the resultant behavior. The contention here is that religious identification is inextricably linked up with a pattern of attitudes interrelated to an individual's total conception of his relation to the group, that the impression of his religious role is reflected in his perception of the world and the characteristic manner in which he relates himself to it. In a recent publication, Chaplain Hall aptly described how religion functions in life. He writes:

> Religion is not something apart from the total life of a person but is an integral part of it. This is true whether we are discussing the individual's religion—his philosophy of life or the framework of meanings by which he integrates his experience, his set of values, his object of devotion—or discussing institutional religion. Religious sentiments are closely bound up with feelings toward self, toward members of family, toward society. (14, p. 146)

The extent of religious participation is one aspect of the individual's total pattern of behavior and is, perhaps, the most important indicant of his behavior as a member of a religious or religo-ethnic group. Religious behavior has a specific meaning to the individual and it is proposed that religious participation provides an index to an individual's value system or the role and sense of belongingness he perceives for himself as a group member. Since values and attitudes determine the manner in which the individual orients himself toward the environment, it is expected that varying degrees of religious participation indicate shared value systems and common personality traits among the members in these religious divisions.

---

[2] In certain respects this discussion parallels Fromm's (12) concept of "social character," which was developed to account for the similarity of behavior observed in people who have been exposed to common experiences.

[3] Indirect support for this statement is exhibited in an investigation (2) which showed religious attitudes to be more stable and less mobile than attitudes toward war over a 20-year period.

The present study was suggested by data secured in an unpublished investigation by the author (1) which tended to indicate different personality patterns among Jewish students exhibiting varying degrees of religious participation. One personality variable, rigidity, will be studied in order to demonstrate some interrelationship between religious participation and personality.

The paucity of basic research and/or systematic attempts to study religious behavior is a serious handicap to an investigator. As a result, considerable reliance has to be placed on information obtained from other general areas in psychology. For example, there is a wealth of research (3, 5) which indicates that personal values influence what people perceive. Several investigators (19, 25) have demonstrated that individuals with well-defined value systems perceive and maintain their beliefs in highly emotional situations.

Though there is evidence which clearly suggests that individuals with specific attitudes will adhere to these same opinions under emotional conditions, the issue in this experiment is slightly different. The crucial problem of relating value patterns and intellectual behavior of a non-emotional nature poses greater difficulty since it involves the question of a generalized mental rigidity: In other words, does a person tend to be rigid in other areas if found to be rigid in a specific realm, e.g., religion, politics, racial attitudes, etc. There has not been a conclusive answer, as yet, and the issue still remains open for critical study (8).

With the general fund of knowledge available, the significant questions are, first, whether religion has a basic effect upon personality and, secondly, how general is the effect, e.g., will it be manifest in rigid intellectual behavior?

The specific hypotheses to be investigated are: (*a*) subjects who exhibit extreme religious behavior will be more rigid than individuals who participate in their religion to a lesser degree and (*b*) there will be no significant difference in terms of rigidity between individuals who have a high degree of religious participation and those who are religious "non-participants."

Rigidity would thus be exhibited at both ends of a scale on religious participation, extreme religious participation and non-participation.

Procedure

Subjects. The total group in this study consisted of a sample chosen at random of approximately 200 Jewish College students attending the undergraduate school at Roosevelt University in Chicago, Illinois. All female and those Jewish male students who were foreign born were eliminated.

A religious participation scale was given to each subject. Sixty per cent of the students returned the questionnaires. As the subjects returned

their responses, they were classified according to their scores on the scale into one of four groups: "High" religious participation, "Middle" religious participation, "Low" religious participation, and "Non" religious participation.

Forty-eight subjects, primarily chosen on the basis of a high scholastic aptitude score, were selected for the experiment, though only 42 actually participated in the test for mental rigidity. In the "High" religious group, there were 7 students; in the "Middle" religious group, there were 12 students; in the "Low" religious group, 14 students; and in the "Non-participant" group, 9 students.

Religious Participation Scale. This scale consisted of 35 major items with numerous subquestions concerning the observance of Jewish traditions and rituals. The scale was constructed around four dominant themes: Jewish customs, holidays, festivals, and daily religious practices. The maximum number of points a subject can obtain is 77.

Four degrees of religious participation, corresponding to the intensity of religious behavior, were developed from the scale. The point range for each of these groupings is: (1) "High"—60 and above; (2) "Middle"—13 to 59; (3) "Low"—4 to 12; (4) "Non-participant"—0 to 3. (Those subjects classified as "Non-participants" also show no activity in Jewish cultural life.)

It was noted above that 42 subjects participated in the tests for mental rigidity. The average religious participation scores in each group were: (*a*) "High" religious group, 74.3 points; (*b*) "Middle" religious group, 21.4 points; (*c*) "Low" religious group, 9.2 points; (*d*) "Non-participant" religious group, .33 points.

The Rigidity Test. The rigidity experiment consisted of reproducing ten problems on a blackboard for the student to solve (15). Two sample problems were illustrated by the examiner, with the second situation serving to introduce the specific way for solving the task. The initial five problems could be solved only in this set method. The sixth and seventh problems were solvable in a shorter, direct manner as well as by the longer, set method. The next problem, the eighth, is the critical one; it can be solved only by the direct approach. The final two problems can be solved by either method.

In terms of the experiment, rigidity would mean that the student is unable to shift from one method to an alternative solution in order to solve the problem more efficiently. This is especially pronounced in the critical situation where a shift is necessary to solve the problem. Flexibility would be the converse of rigidity.

Results

Statistical tests were applied to determine whether or not the differences between group performances on the rigidity test were significant. The

initial analysis of the data revealed a marked consistency, namely, that the two middle groups and the two extreme groups did not differ in their performance. Consequently, it seemed justifiable to treat each of these two groups, the "Middle-Low" and "High-Non-participant" religious individuals, as similar and to determine whether differences existed between them on the rigidity criteria.

The combined "Middle" and "Low" religious groups produced more shifting to the shorter method, including more solutions of the critical problem, than the combined "High" and "Non-participant" students.

On the major criteria for rigidity the combined middle religious groups demonstrated a more flexible mental outlook than the extreme groups, both "High" and "Non-participant."

Discussion

The following conclusions can be drawn with reference to the opening hypothesis:

Subjects who exhibit extreme religious behavior are more rigid than individuals who exhibit a lesser degree of participation in their religion. Since, however, no differences were found between the two extremes, it appears that subjects who have a high degree of religious participation present as rigid a mental structure as those who are religiously "Non-participant." Finally, those who exhibit no religious activity are more rigid than those showing some, either a "Middle" or "Low," religious participation.

The first question to ask, of course, is what do these findings mean. The results will be treated below in terms of the theoretical, generalization, practical, and research issues.

Theoretical Considerations. The assumption in the present study is that religious behavior is an index to the individual's value-orientation as a Jew. Qualitative distinctions in religious ideology were presented in another work (1). Highly religious people gave sharply defined replies in response to a question concerning the beneficial aspects of their religion. They "perceived religion mainly in terms of spiritual values and as a guide to life." The "Middle" religious group was more elastic in their conception of religion, as they "tended to discern religion as an object to be manipulated according to their needs." The "Non-participant" Jews revealed an unyielding rejection of religious values, feeling their religion offered "nothing" to them.

Therefore, there is reason to suspect rigid patterns of beliefs in the "High" and "Non-participant" groups of this report. These subjects also manifested perceptual rigidity, implying that rigidity is a generalized condition in different dimensions of their personality, or, in other words, that mental rigidity is related to emotional rigidity. This lends support to those

writers who have reached similar outcomes (6, 10, 20). It is possible that contrary findings are obtained if the ideology under study is not as stable or enduring in its effect as those attitudes yielding positive results. One solution might be to develop a method for scaling the relative influence on behavior of various groups.

Recent findings have demonstrated the similarity between the two extremes of a scale measuring prejudice (11, 23). Shils (23), in his critique of the California research on democratic attitudes, indicates that authoritarianism is present on both poles of the attitude scale, and Rokeach (21) has suggested that "dogmatic authoritarianism" appears throughout any ideology. Some of the implications of dogmatism are considered to be rigidity and closed mental systems.

Our data offer further theoretical confirmation that the belief systems of two polar groups are similar though the content of their attitudes differs. Thus, a dogmatic religious position, whether it be a "liberal rejection" or "conservative over-acceptance," apparently leads to a militant autocratic attitude and a rigidly closed mental structure. A dogmatic "middle of the roader" might also manifest these traits.

In closing this section it seems worthwhile to call attention to a study designed to investigate political, religious, and social attitudes (22). Through statistical manipulation the writer found his questionnaire to measure several traits, the most important, a general factor, indicating that individuals tended to be non-compliant (or the reverse) in all three fields. There was a general trend toward either "heterodoxy" or "orthodoxy."

Generality of Findings. Certainly caution must be maintained in ascribing these results to other religious and ethnic groups, as well as to Jews, in general. Limitations imposed by the nature and size of the sample statistically narrow the experimental findings. Conclusions, in the strictest sense, should be confined to a specific group of "cooperative" Jewish students. Tentative verification must be sought in other investigations employing similar procedures to determine whether our findings are peculiar to Jews or applicable to different religious denominations.

Interesting findings have been reported in studies using individuals of Protestant faith. Dreger (7), for example, made an attempt to correlate religious attitudes and personality. No differences in rigidity were found between what he termed religious "conservatives" and "liberals" nor in most of the other factors under investigation. Brown and Lowe (4) compared groups of "Non-believer" and "Believer" college students with a group of Bible students on several psychological tests. An important result was that in the extremes there was a high relationship between the degree of religious belief and practice. The most conclusive finding was that those who were "conservative" in religion tended to be conservative in economic issues, the same relationship holding true for "liberals."

The following two studies reveal that similar results can be obtained even with groups of mixed religious denominations. One project (24) involved the comparison between college students strongly trained in the Roman Catholic and Lutheran churches and individuals with little or no religious training on a series of intellectual tasks. The religious subjects were superior in "sharply defined, consistent and highly structured areas," in well-patterned situations. The non-religious group attained superiority in handling of relatively unstructured materials, where shifting and fluctuation were demanded. Watson and Hartmann (25) wanted to see if basic religious attitudes would be subject to change under the presentation of logical arguments. Ten theists were chosen from students attending denominationally different theological seminaries and ten atheists selected from a secular university. The results were fairly striking, each group rigidly adhering to its position under these emotional conditions.

In brief, we have tried to demonstrate that religious extremes, whether referred to as "liberal" or "conservative," seem to show rigid behavior in a variety of situations. Manifestations of rigidity tend to be evident under emotional stress, in intellectual tasks, in the realm of economic belief, and even to some degree in attitudes toward minority groups (18). In addition, rigid behavior does not appear to be restricted to any one religious group.

Practical Issues. It would be rather naive and misleading to suggest that this study or even the current body of psychological knowledge can offer concrete steps in the daily practice of religious ministration or pastoral counseling. This statement is not meant to be pessimistic, but simply reflects an opinion regarding the status of factual material at our disposal which can be translated into action or applied language. Yet there is evidence, as that reported here, which suggests in a general way clues for measures and also precautions which can be taken.

One such guidepost can be inferred from the studies which show that most of the people who exhibit extreme religious attitudes are highly rigid and apparently dogmatic. Even in situations where presumably reason or "pure" logic prevails these individuals find it difficult to operate effectively or to accept the viewpoints of others. It is quite obvious that psychological health necessitates a certain amount of rigidity, or maintaining one's values and beliefs. Conjecturally, however, when an individual closes his mind to the degree that it affects rational solution it is likely then that this particular mode of behavior is a personality defense protecting against underlying anxieties and insecurities. Furthermore, it is conceivable that this form of autocratic thinking has become, in a sense, part of the person and is so deeply ingrained within his security needs that it is typical of his behavior.

Diagnostically speaking, mental rigidity or flexibility may serve as signs or cues which can aid in distinguishing a consistent from a rigid

value-orientation. The former, a correlate of flexibility, allows for personality growth, and the latter primarily for preservation of self. Fromm (13) clearly intimates this distinction when he dichotomizes between faith based on reason and experience and a faith due to an acceptance of what was given or forced to be learned. Sanai presents a similar position in the area of political beliefs, relating:

> Uniformity of response may indicate either the influence of a well-formulated and comprehensive political philosophy or else an inertia and an uncritical acceptance of well-established modes of thinking. It will be noted that a high degree of heterodoxy does not necessarily connote a high degree of original or independent thought on the part of the individual. (22, p. 89)

Consequently, it is easy to understand the futility felt by two authors after attempting to alter religious attitudes. In the concluding remarks about the experiment, they state that,

> The experimenters end it with a marked sense of frustration. We had hoped to be able to demonstrate some effect of information *per se* (or of knowledge of the opponents' reasoning) in bending such a rigid set as one's religious outlook . . . At the end of a two-hour period of earnest response to alternatives there has been no perceptible approximation of the frames of the opposed groups. (25, p. 330)

In dealing with a parishioner, client, patient, or perhaps a religious "deviant," we may surmise that the method of approach would largely depend on the meaning of the belief system for the individual, on how dogmatic are his views, or on the uncertainty surrounding them. In describing the role of religion in a mental hospital, Hall says, "Religion is a most flexible and expressive medium and can be used in the psychiatric setting as a means of helping patients achieve adjustments at different levels, according to their abilities" (14, p. 150). If religion is considered a pliable tool it becomes important beforehand to evaluate the individual's weaknesses and strong points, his capacity and threshold for change or alteration. Sometimes it may be necessary to strengthen or develop a rigid standard if the individual is unable to function above this level. In other instances, uncertainty prevails and potentialities for growth are apparent, while in some cases one automatically feels or grasps early that it is useless and perhaps unhealthy to persist in the interview. Finally, the necessity for an accurate assessment of the person's strengths in regard to his beliefs will immediately assist the chaplain in judging his own limitations and appropriate resources for the case.

Another realm of practical consideration can be found in the works of Meyers (16, 17), who observed that very religious high-school students selected different courses of study from those selected by non-religious students. On this basis he indicated problem areas which could arise and suggested that religious convictions should be appraised before preparing a student vocationally for a field which may cause emotional conflict. The

principal issues discussed above are also relevant in sound vocational guidance. The strength and firmness of the student's beliefs have to be accounted for in effective planning and counseling.

Research Suggestions. Numerous avenues for research possibilities have been suggested in the preceding sections. Application of the rigidity test reported in this paper, and of other methods, on a number of religious groups is an important experiment. Determining the generality of the findings by measuring the absence or presence of rigidity in other attitudes would also provide a fruitful approach. Another project would be to select religious extremes and carefully compare them, step by step, on a number of psychological variables. Whatever technique selected, be it a psychological test, group observation, interview, or case-history analysis, the essential requirements are to recognize what is the purpose of the study, what methods can be used to answer the pertinent questions, and if they will be, to some extent, unequivocally answered by the chosen methods of investigation.

Summary

The present study was concerned with relating religious participation and rigidity in Jewish students. The most significant findings were (*a*) that no differences in rigidity were found between "High" and "Non-participant" religious groups; and (*b*) that "Middle-Low" religious groups were less rigid than the combined extremes. Theoretically, the data indirectly supported the concept of a generalized mental rigidity and indicated that the extremes in any ideology are equally dogmatic. Some degree of generality was suggested by the results in that they were consistent with the evidence for other religious denominations. Several implications of rigid behavior were discussed in terms of religious counseling and vocational guidance. Finally, there was a brief presentation of possible research approaches.

BIBLIOGRAPHY

1. Appleby, L. "A Study of Jewish Identification," Unpublished study, Roosevelt University, 1951.
2. Ayad, J., and Farnsworth, P. R. "Shifts in the Values of Opinion Items: Further Data," *Journal of Psychology,* XXXVI (1953), 295-298.
3. Blake, R. R., and Ramsey, G. V. (Eds.): *Perception: An Approach to Personality;* Ronald Press, New York, 1951.
4. Brown, D. G., and Lowe, W. L. "Religious Beliefs and Personality Characteristics of College Students," *Journal of Social Psychology,* XXXIII (1951), 103-129.
5. Bruner, J. S., and Krech, D. (Eds.): *Perception and Personality: A Symposium;* Duke University Press, Durham, 1949 and 1950.
6. Cowen, E. L., and Thompson, G. C. "Problem Solving Rigidity and

Personality Structure," *Journal of Abnormal and Social Psychology,* XLVI (1951), 165-176.

7. Dreger, R. M. "Some Personality Correlates of Religious Attitudes, as Determined by Projective Techniques," *Psychological Monographs,* LXVI (1952), No. 3 (Whole No. 335).
8. Eriksen, C. W. "Personality," in *Annual Review of Psychology,* Vol. 8, edited by P. R. Farnsworth and Q. McNemar; Annual Reviews, Inc., Palo Alto, Calif., 1957. Pp. 185-210.
9. Frank, L. K. "Projective Methods for the Study of Personality," in *Readings in the Clinical Method of Psychology,* edited by R. I. Watson; Harper, New York, 1949. Pp. 259-278.
10. Frenkel-Brunswik, Else. "Intolerance of Ambiguity as an Emotional and Personality Variable," *Journal of Personality,* XVI (1949), 108-143.
11. Frenkel-Brunswik, Else. "Further Explorations by a Contributor to 'The Authoritarian Personality,'" in *Scope and Method of "The Authoritarian Personality,"* edited by R. Christie and M. Jahoda; The Free Press, Glencoe, Ill., 1954. Pp. 226-275.
12. Fromm, E.: *Escape from Freedom;* Rinehart, New York, 1941.
13. Fromm, E.: *Man for Himself;* Rinehart, New York, 1947.
14. Hall, C., Jr. "The Function of the Psychiatric Chaplain." *Journal of Pastoral Care,* IX (1955), 145-152.
15. Luchins, A. S. "Mechanization in Problem Solving: The Effects of Einstellung," *Psychological Monographs,* LIV (1942), No. 6.
16. Meyers, M. S. "The Latent Role of Religious Orientation." *Studies in Higher Education, Purdue University,* LXXVIII (1951), 61-94.
17. Meyers, M. S. "The Role of Certain Religious Values for High School Youth," *Studies in Higher Education, Purdue University,* LXXIX (1951), 79-85.
18. O'Reilly, C. T., and O'Reilly, E. H. "Religious Beliefs of Catholic College Students and Their Attitude toward Minorities," *Journal of Abnormal and Social Psychology,* XLIX (1954), 378-380.
19. Postman, L., Bruner, J. S., and McGinnies, E. "Personal Values as Selective Factors in Perception," *Journal of Abnormal and Social Psychology,* XLIII (1948), 142-154.
20. Rokeach, M. "Generalized Mental Rigidity as a Factor in Ethnocentrism," *Journal of Abnormal and Social Psychology,* XLIII (1948), 259-278.
21. Rokeach, M. "The Nature and Meaning of Dogmatism," *Psychological Review,* LXI (1954), 194-204.
22. Sanai, M. "An Empirical Study of Political, Religious, and Social Attitudes," *British Journal of Psychology, Statistical Section,* V (1952), 81-92.

23. Shils, E. A. "Authoritarianism: 'Right' and 'Left,'" in *Scope and Method of "The Authoritarian Personality,"* edited by R. Christie and M. Jahoda; The Free Press, Glencoe, Ill., 1954. Pp. 24-49.
24. Smith, M. P. "Religious Training and Performance on Certain Intellectual Tasks," *Microfilm Abstracts,* XI (1951), 1104-1106. (Abstract of Ph.D Dissertation, Columbia University, 1951.)
25. Watson, W. S., and Hartmann, G. W. "The Rigidity of a Basic Attitudinal Frame," *Journal of Abnormal and Social Psychology,* XXXIV (1939), 314-335.

RELIGION AND PSYCHIATRY: SOME PHILOSOPHICAL OBSERVATIONS

GRAHAM B. BLAINE, JR., M.D.

Associate Psychiatrist, Harvard University Health Center

There is a great deal of interest throughout the country at the present time in bringing the fields of religion and psychiatry closer together. Efforts are being made in various centers, sponsored by the United States government, church organizations, and by psychiatric associations, to come to a better understanding of how the two fields can be integrated and of how the psychiatrist and the minister can cooperate to bring more help to troubled individuals, and to the whole troubled world for that matter. There is a tendency, however, to treat the matter of integration on a superficial level and a reluctance on the part of many to come to grips with the fundamental philosophical concepts. Those who tend to shy away from the basic issues seem to say one of two things, either "Psychiatrists and ministers talk to each other and actually get along very well, so where is the problem?" or else, "As long as the two areas of interest are clearly and sharply defined, there can be no trouble. The minister simply sticks to his church and the psychiatrist to his patients."

To look only on the surface this way is to perpetuate the differences between religion and psychiatry rather than to dissolve them. It can perhaps be compared to the international situation. We could sit by and say that since the American ambassador in Russia was treated in a friendly and hospitable fashion, then it must be true that the Russians are very friendly people and that we have nothing to worry about. Or we might say that since the Russians have a country of their own and we have a country of our own, we can each stay within our own boundaries and no trouble will eventuate. The basic fallacy, of course, is that we know that the Russians' basic way of thinking is antagonistic to ours and that no real mutual understanding or cooperation can occur as long as there is suspiciousness on both sides regarding basic motives and basic philosophies. Although there is no danger of atomic war breaking out between ministers and psychiatrists, still, if there is to be a completely genuine and thoroughly effective cooperation, there must not be distrust because of suspected differences in philosophy which are certainly no less different because they are not talked about. We both work in fields which profess to support toler-

---

Keynote address Canterbury Club New England Conference, Lasell Conference Center, Whitinsville, Mass., December 1, 1956.

ance and understanding and we ought to be able to recognize basic differences in opinion without losing respect for each other.

I have outlined in Table 1 the areas of influence for psychiatry and religion. At first glance it would seem as though these were very separate areas and that they would not overlap or encroach upon each other at many places. However, closer examination reveals that at almost every point there is a chance for cooperation or conflict. For instance, in the first area under religion there might well be a good deal of disagreement with the second area under psychiatry. The psychiatrist who works in the preventive field sees his mission as being intimately involved with the education of the so-called normal individual in the art of handling his own emotions and also in helping the lawmakers and administrators set up a society which is compatible with the basic nature of man. Now, the minister is concerned also with setting up standards of behavior within the community and in the world at large. He also strives to help the individual overcome his natural impulses and to adjust happily through finding a close relationship with God and having a fulfilling inner spiritual life. The goals are very similar but the means of achieving them seem very different. It is these differences which I want to explore in greater detail. I intend to do this by first exploring the philosophy of religion and then the philosophy of psychiatry, discussing them as best I can from a neutral orientation and in language easily understandable to students in both fields.

TABLE I

Areas of Influence

Religion	Psychiatry
1. Provides guides to living for well and sick alike	1. Treats the emotionally ill
2. Consoles those under stress	2. Prevents emotional illness by: *a.* Defining the nature of man *b.* Defining a compatible culture
3. Explains the meaning and purpose of life	3. Helps the healthy become healthier

I would summarize the basic philosophy of religion somewhat like this: Man was created by God—not necessarily in his own image. I do not believe that this concept is commonly accepted by all religions. However, it is generally believed that man is God's special concern for He understands man and can help and guide him. Originally, however, man was rebellious and did not respect God. In fact, he disobeyed God and has never been completely forgiven for this disobedience. Because of this he is born with Original Sin and throughout his life must always be aware of the fact that he is "a sinner." Because of man's defiance of God and his inability to control his basic impulses, Christ, the son of God, came to earth to help men achieve salvation. He helped them by teaching them how to allow their good impulses to operate and thus to push into the background

their selfishness. His essential tenets were that man could enter the Kingdom of Heaven if he worshipped God, felt kindly towards his fellow man, and gave up selfish pursuits. He seemed to realize that human beings are beset by temptation and that their resistance to temptation is sometimes not very strong. He told us, however, that God also understood this and that, through faith and belief in God, we could overcome our own weaknesses and be able to lead a Christian and altruistic life which would be pleasing not only to God but also to ourselves. Religion, then, grants that man has strong desires for things which are not good for him nor for mankind and that he needs faith in God and the power of prayer which this faith brings with it to overcome this natural human frailty.

Now, let us look at the philosophy of psychiatry. The psychiatrist believes that man is a product of the evolutionary process. He may well believe in God himself and yet not feel that everyone must believe in Him also. Usually he does not conceive of man as having been necessarily created by God nor the special concern of any kind of God. A few psychiatrists still believe that man created God for his own purposes to explain the things which he could not explain through science and reason and to lean upon for help and guidance when he is too weak or neurotic to handle his own problems. Looked at in this way, the philosophy of psychiatry seems fundamentally and irrevocably to contradict the philosophy of religion.

However, let us break down the individual concepts of each and see how much similarity or dissimiliarity there turns out to be between them. First, there is the unconscious as described by Freud. It seems to be analogous in many ways to Original Sin. Freud's own words describe the unconscious as "a chaos of seething excitement. The Id knows no values, no good and evil, no morality." Original Sin may not be defined as such in any part of the Bible, but it is referred to fairly specifically in various places. In the Baptismal Service, for instance, the minister, in speaking to the Godparents says, "Dost thou, therefore, in the name of this child renounce the Devil and all his works, the vain pomp and glory of the world with all covetous desires of the same and the sinful desires of the flesh so thou wilt not follow or be led by them." This seems to imply that the temptation to evil comes for the most part from the outside world and not from some internal mechanism. However, it must be remembered that the outside world itself consists largely of people and the temptation which they offer to the child must be an outward manifestation of the inner feelings of these people. There are other places where the power of evil is more specifically described as being internal. One of these is the General Confession: "We have erred and strayed from Thy ways like lost sheep. We have left undone those things which we ought to have done and we have done those things which we ought not to have done and there is no health in us." Here, no doubt is left but that the human being, himself, is responsible for his misdeeds.

Perhaps the best description in the Bible of the impulsive nature of man and the power which it has over reason can be found in St. Paul's Epistle

to the Romans I, Chapter VII, where he says, "For I know that in me (that is, in my flesh) dwells no good thing, for to will is present within me but *how* to perform that which is good I find not. For the good that I would I do not but the evil which I would not that I do. Now if I do that I would not, it is no more I that do it but sin that dwelleth in me, for I delight in the law of God after the inward man but I see another law in my members, warring against the law of my mind and bringing me into captivity to the law of sin which is my members." Here is a description far clearer than that found in any psychiatric literature of what psychiatrists know as compulsive behavior—the performance of acts which one knows with one's mind to be either foolish or dangerous but which one is forced to do through the power of some force which is out of awareness and beyond reach of the intellect. Most well known is the hand-washing compulsion which causes a person to feel that he must wash his hands many times a day. Also included are certain kinds of lying, stealing, and other criminal behavior. There are many similarities then between "the sinful desires of the flesh" as described in the Baptismal Service and the "Id, which knows no good, no evil, and no morality."

Let us look now at the ways in which psychiatry and religion approach the problem of combating these forces of evil, whether they be termed the unconscious or Original Sin. Put in its simplest form, these two control mechanisms might be termed either the Superego or the power of prayer, depending on one's orientation. Perhaps the simplest way to make clear the two different approaches is to take an actual problem and try to understand the philosophy behind reaching a solution from both points of view.

Suppose we are confronted by a student with a better than average mind who cannot get himself to do the minimum amount of work required to pass his courses. He looks at his books but cannot concentrate on what he sees before him. He finally gives up even trying to read. He procrastinates in regard to writing papers until the last moment and then as he sits with a blank page in front of him cannot bring himself to write a single word. In extreme cases, he finds himself unable to get to classes. Even though he realizes he must do a few simple things to keep himself from flunking, he cannot force himself to do them no matter how hard he tries. This represents a situation in which a human being is clearly being ruled by some force beyond the power of intellect. He can see no reason for his behavior and yet he cannot change it. Sometimes boys like this will put on a brash and cynical front, saying that they never were really interested in going to college and abruptly leave to follow some non-academic career. Others will turn to us for help. Many of them have received this help from religion and many from psychiatry. The psychiatrist's approach would be first to encourage and support the boy, urging him to utilize all the conscious forces at his command to overcome his lethargy. I want to stress this point because one of the criticisms most frequently leveled at psychiatry is that it tends to excuse lack of effort on the basis of illness and

encourages people to think of themselves as sick rather than as simply lazy. While there may be times when the psychiatrist is wrong about the degree of illness and when the proverbial kick in the backside would be better treatment, for the most part the psychiatrist is as anxious as anyone else to urge his patients to take definitive action and utilize their strength of will as much as possible. With this particular case, the psychiatrist would next try to help the boy gain some awareness of what the real problem is, what it is in his unconscious which causes him to behave in this irrational manner. It might be that the boy has an unconscious fear of making an effort because he is afraid that this will reveal him to be inadequate and inferior. As long as he does not make the effort, he always has the excuse that he did not pass because he did not try. However, if he tries to his fullest extent and fails, then he is revealed as being basically stupid or inept. This is only part of the story, however, for if the boy has a high intelligence then this unconscious fear is an irrational one and the origin of this irrational fear must be traced out. Sometimes it turns out that the boy's parents always expected too much of him. Because he could never meet their expectations, he was made to feel deeply and thoroughly inferior. This realization of his own opinion of himself and the events which brought it about may be buried quite deep in the unconscious and may be brought to the surface where it can be reckoned with only after many hours of treatment. Once understood and dealt with, it can no longer operate to sabotage the boy's efforts. He can now study efficiently without being paralyzed by this unconscious fear of failure. The psychiatrist by neutralizing and weakening the power of some of the unconscious forces within the individual made it possible for the Superego to control them.

A minister would cope with this boy's problem in a somewhat different way. Certainly at the start he would use much the same technique. He would encourage the boy to use as much will power as he could marshal and remind him that God has given man a fund of strength for meeting difficult situations which he must now try to utilize. Religion helps strengthen one's faith in God and with increasing faith in a kindly higher being who is guiding the world goes the kind of confidence and optimism which help to overcome feelings of inferiority and inadequacy.

Also, religion teaches that one can gain strength to overcome the powerful forces of indolence and lethargy by seeking help from God directly through prayer. How specifically the power of prayer succeeds in strengthening man's ability to rise above sinful forces, how it strengthens the conscience or Superego seems to me to be beyond the present comprehension of man. However, there is no doubt but that it does so. I am reminded of two roommates who came to the psychiatric service for help independently without the other's knowledge about two years ago. One was troubled with insomnia and the other was sleep walking. The boy who was troubled with insomnia decided after a considerable period of psychiatric treatment that he would try praying to God when he lay down at night and

ask God for help in overcoming this problem. From the first night he tried it he was able to sleep without trouble. When the sleep walker came for his next interview after the insomniac had terminated treatment, he told the story of his roommate's experience with prayer and stated that since it had worked so well he was going to try it himself. It proved to be equally effective for him.

As we compare these two approaches to the same kind of problem, we see that there is one definite difference which represents a true incompatibility between religion and psychiatry. This is the fact that psychiatry in general believes that the power to overcome neurotic problems lies within man himself and that he does not need to seek help from religion or God to lead a healthy life or to return to healthy adjustment when he gets into neurotic difficulties. This is not meant to imply that those with neurotic problems should not turn to religion for help. Quite on the contrary, psychiatrists are glad to help their patients find a satisfying faith and recognize the therapeutic values of such a faith. Most psychiatrists do not feel that religion is harmful or that it cannot be effective in helping back to health those who are emotionally upset. In the Freudian scheme of things, religion and prayer seem to work at the level of the conscience, helping to reinforce and strengthen it. They operate very little at the unconscious level except insofar as confession sometimes allows an expression of unconscious feeling. Repressed guilt and shame may give rise to crippling symptoms of depression and compulsive behavior. Expression of these repressed feelings in confession often alleviates symptoms.

Before closing, I would like to say a word or two about Freud's indictment of religion in his paper, "The Future of an Illusion." In it, he termed religion "a mass neurosis" and postulated that man could never achieve any real freedom or utilize his potential until such time as he was able to cast off his dependency upon God. He contrasted religious men with those who were infantile and immature, unable to break outgrown ties with their parents and face the world independently. This attitude on Freud's part is often pointed to by religionists and used by them as evidence for feeling that psychiatrists are basically antagonistic to religion and not to be trusted. Freud was not as dogmatic or as rigid as many people believe him to have been. Actually he was a humble man in many ways and anyone who reads all his writings will notice how tentative he is in many of the things he says and how careful he is to point out that he is only theorizing. As a matter of fact, in this very same article he makes the following statement, "I know how difficult it is to avoid illusions. Perhaps even the hopes I have confessed to are of an illusory nature but I hold fast to one distinction. My illusions are not like the religious ones, incapable of correction. They have no delusional character. If experience should show, not to me, but to others after me who think as I do, that we are mistaken, then we shall give up our expectations."

Actually what he described here as a possibility has indeed happened.

Modern psychiatry has moved closer and closer to acceptance of religion as an important factor in the development of a complete, mature, and well-adjusted person. There will be many changes in the philosophy of psychiatry in the years to come and there probably will be some also in the philosophy of religion. These will come about only as we come to understand the nature of man better. This better understanding can be accomplished only through cooperative thinking on the part of those engaged in the study and practice of religion, psychiatry, psychology, social science, and philosophy. We all know something now. We are going to learn more in the future but until we can speak a language which is understandable to all of us so that we can pool our knowledge we will never be able to draw in the complete picture.

WHEN TROUBLE RUNS DEEP

HAROLD KENNETH FINK, PH.D.,
AND
GEORGIA ELISABETH FINK

Group Therapists, American Foundation of Religion and Psychiatry, New York City

Religious faith—is it cause or cure of emotional illness? Set forth here are some thoughts of one psychotherapist who is not straddling the fence when he says, "That depends."

It depends, first of all, on what the religious experience of the patient has been—on the content of his religious training, but even more on the context of his emotional environment.

Let a young man named Pedro Lavero speak for himself:[1]

> "Pop was a man and took the leading role in the family. Even over Mother he was the judge, the supreme ruler. I argue with Mom to defy her might. I'd like to show Pop I don't have to 'play ball' with him either. But he's dead, so I can't prove how often he's been wrong. I never questioned Father to his face, but he must have been wrong on occasion—everyone is. But maybe I shouldn't say that about Father. . . .
>
> "The church is like Father. I'm too dependent on it, so I want to break away. I don't want to lean on God to solve my problems; He has enough to do! I'm tired of taking orders and I don't want anyone over my head. I don't want God's guidance, because it represents dictatorial authority. I'd like to have my own faith where God would be kind and protective, since that would free me from dependence on a specific religion. However, I worry that I'll be damned to hell if I forsake my church. Pop, like the church, said you have to accept things without debate. . . .
>
> "Religion isn't my real problem. Father is. Once I can straighten out my feelings about him, I'll think more rationally about religion. . . I'd like to smash my parents, like fallen idols, to the floor! That's just what they were—statues that I worshiped!" (Pedro doubled his fist and pounded the wall.) "I'd like to do the same with religion, too. I'd show that I make religion, not that religion makes me!"

Such sentiments may shock the layman and even many of the clergy; yet they are more or less ordinary to a psychotherapist. They are unusual only

[1] The story of the psychoanalysis of this patient was published, in the patient's own words, in Dr. Fink's book, *Long Journey*, Julian Press, New York, 1954. Excerpts are published here with permission of The Julian Press.

in degree. This patient was farther along the road toward psychosis than most of the emotionally disturbed persons who come to a psychotherapist in private practice for help. But many patients, especially those who have had rigid religious training, express feelings in the same vein, though the vein may not run so deep.

What has happened to persons like Pedro? What has made them feel that way about religion? A study of Pedro's case record discloses that the major problem lay in the difference between what he was taught and what he learned—a difference dominated by forces of feeling and emotion rather than by factors of intellectual ability.

The church had taught Pedro that God was his Father. Here is what Pedro learned:

> "How can a child understand God, being referred to as 'Thy Father'? Since I knew but one father, I must have unconsciously associated Pop with God. That started me on a lifetime of confusion, particularly when I was taught 'Honor thy father and thy mother.' I figured that if God was Pop, then the Virgin Mary was Mom. This made me dread my parents even more. I stood in awe of them. . . .
>
> "I didn't see enough of Father to consider him human. The Father-son relationship was missing, so I had a concrete wall around myself to keep others out. I'd be sarcastic even when he'd say something nice. . . .
>
> "My dread of authority and Pop seems to have been all mixed up with fear of the might of God, eternal damnation, and hellfire. When I was twenty I imagined myself being in direct communication with my dead Father and God. I thought Pop was a favorite of God, so God was intermediary between me and Pop. God arranged it so that Pop and I could contact each other from time to time. That made me a favorite of God too! I keep trying to attain these exalted states. . . . But Pop couldn't have been so special and powerful, because somebody poisoned him. He was only a human being; but then even Christ was crucified. . . . They say Christ suffered for the sins of man. I'll show him up. He hasn't seen anything yet! I want to do everything better than Christ, because I don't believe he was the true Son of God. *I* am! I can't accept any form of Christianity unless I'm the center of it. . . ."

The concept of God as Father is one of the most cherished in the Judeo-Christian tradition. For the patient with a positive religious faith, consciousness of such a divine-human relationship can give feelings of security and worth which aid emotional growth. Yet the deep meaning which such a teaching conveys to some persons may mean nothing for others if their experiences with their own fathers have been largely negative. In Pedro's case the "deification" of the qualities he experienced most vividly in his own parents meant subjecting his troubled mind to misunderstanding, pressure, and dread on such an enormous scale that it twisted into grotesque fear the emotional security his church meant to teach him. Pedro's wall of fear could not be penetrated even on the rare occasions when his "pop" was more like a father ought to be.

Pedro had a son's immense drive and need to identify with his father. Even though he loved his father, he hated him at the same time. The father's death further confounded Pedro's Father-God confusion, and Pedro fantasied himself in some kind of special relationship with his own dead father and with God. The only way his troubled mind could carry its tremendous load of irrational guilt was to fancy that he himself was some sort of Messiah—only then could he be free for a little while from his accusing conscience. But grim reality would always overtake such fantasies, plunging Pedro back into the abyss of loneliness.

The church had taught Pedro that God is all-powerful. To Pedro, God's power meant the power to control and to punish him for failing to meet well-nigh impossible standards. He said:

> "At night I have trouble praying. I have no right to pray for things, for I feel unworthy, a nobody. Why should God waste his time and listen to me? All my actions are selfish; I've accomplished nothing. All day long I just fool around and daydream. I fantasy about being a scout leader to help little boys develop, but I never do anything about it. . . .
>
> "I have conflicts between religion and sex. One can't be religious and say, 'I have only one bad fault.' It has to be all or nothing! Perhaps my all-or-nothing law was related to God being all-powerful. It was a sour grapes attitude. If I couldn't have everything and be omnipotent, then I wanted nothing, to spite my parents. . . . Even the thought of sin or sex makes me feel guilty, as if the thought were as bad as the act. As long as I'm a sinner, I'm going to be punished anyway, so I might as well enjoy life to the hilt while I can!"

Even the person who believes that God's power is available to help him with his problems may need guidance in appropriating that help for his own particular situation. But what about Pedro? His own father had been unconcerned about his son's problems as long as they did not interfere with his own desires or pleasure. Pedro could hardly be expected to believe in a Heavenly Father who is genuinely interested in his affairs. Pedro's scant, shaky self-realization had come only through defying or disregarding his father and getting by with it, at least temporarily.

The church, through art, attempted to picture abstract ideas which had only added to the confusion of Pedro's mind:

> "In childhood there was a painting on the wall of the Virgin Mary holding Christ in her arms. Below her feet hellfire was pictured, with people writhing in the flames. I could never understand why the Virgin Mary had no mercy on those poor bastards below. Most of the men in hell were old and bearded. But saints have beards too, so I was confused. There seems no possible way to predict whether a person was going to heaven or hell. So I didn't know whether to have a beard or not when I grew up!"

The child thinks in concrete terms, in terms of what he can verify by seeing, tasting, touching, smelling, feeling. This inability to comprehend

abstract ideas, coupled with emotional insecurity, leaves the child wide open to all sorts of weird inconsistencies in his religious thinking, particularly if his religious experience does not keep pace with his growing mind. The passing years do not automatically bring maturing and understanding. Too many adults can sum up their religious training by saying, "Oh, I was sent to Sunday School as a child." Many of them carry over into adult years the "understandable misunderstandings" of childhood, and thereby divorce religion from reality.

This, then, was the problem of Pedro for whom the context of emotional insecurity had tangled the content of religious teaching into bonds of fear and guilt which kept him completely earthbound. But the psychotherapist must deal also with the patient who has "too much religion"—at least too much of the wrong kind. This does not refer just to the severely disturbed psychotic who has religious hallucinations and delusions. Some psychotherapists unfairly use such extreme cases as "proof" that religious faith is psychologically unhealthy. A patient with "too much religion" is one who uses a holier-than-thou attitude and a multitude of religious activities as defenses against facing up to his real moral and ethical weaknesses concerning "the weightier matters of the law." There was, for example, the young male patient, adamant about the observance of religious rituals, who used his standing in his religious group as a lever to push business dealings to his own advantage, and who manipulated others—particularly women— for his own selfish purposes. Trying to convince the therapist that he "handled women with kid gloves," this patient made a revealing "Freudian slip" and used the phrase "with golden gloves"—a boxing match!

The classic example of such an over-religious person, of course, is that of the *Other* Prodigal Son. Yes, both sons were prodigal. The one ran away, but finally returned to a closer relationship with his father than he had ever known before. The other son "went away inwardly" and stayed so "close" to his father that it was impossible for him to gain any perspective on his own selfishness. Such people, setting themselves up as judges of their fellow men, rarely admit their need for psychotherapy. If they do, they often refuse to "dig" for the real inner causes of their trouble and leave therapy before any real progress can be made—or else go from therapist to therapist seeking sympathy but not real help. There is no one so blind as the person who wills not to see beyond his own prejudices.

Between the two extremes of patients like Pedro and the person with "too much religion" are (1) the patient who is not actually opposed to religion but who has never had any significant religious experience; (2) the patient who has a religious faith, but who has relegated it to a separate compartment in his thinking where it has relatively little effect on his total life; (3) the patient who has a dynamic faith but whose experiences in other areas have created emotional tangles which faith alone cannot unravel.

How does the psychotherapist deal with evidences of religious confusion and conflict in his patients? Again the answer is, "That depends." It depends on the beliefs and attitudes of the therapist. Many psychotherapists encourage their patients to break away completely from religion because of the irrational guilt and tension it has created. But is this not evading the issue, bypassing a major component of the cause of the emotional illness? To that question, this psychotherapist answers in one simple word: Yes. There is a growing number of psychotherapists who not only have deep religious convictions of their own, but who also encourage religious experience in their patients, especially when the individual's emotional problems involve questions of religious training and practice.

The therapist's religious faith is important in the treatment of emotional illness whether it is ever stated in so many words or not. In fact, such belief will usually not be stated. The patient, driven by his own inner emotional needs to identify closely with this other human being who is concerned about his problems, might adopt the therapist's particular form of religion without real conviction or understanding. This would be only another insidious attack upon the patient's integrity, and in the long run might well create more of a problem than it would solve.

It is not the role of the therapist to evangelize or proselytize for his own particular religion. It is his job to help his patient to become his own true self, to overcome the obstacles which prevent him from growing naturally to his full emotional and spiritual stature. The specifics of religious belief and practice which must be discussed will be dealt with not as doctrines but as positive or negative factors in this particular patient's emotional make-up. On the basis of the insights which he himself attains, the patient will reaffirm, revise, or discard his previous religious belief on the basis of his own understanding and conviction, not on the basis of the therapist's say-so.

Nevertheless, the religious faith of the therapist plays an important role in psychotherapy even if it is never defined as such. The total moral attitude of the therapist forms a basis for the close relationship between himself and the patient. It helps to determine his feelings about the worth and the potential of the disturbed personality with whom he is dealing. It is a factor in determining his goals for the patient—whether to be satisfied with the solving of a problem, or to strive to attain the higher goal of well-rounded maturity involving the whole person. It makes a difference if the therapist feels that he is working with another child of God.

Recently this therapist was asked, "Do you favor a return to religion for your patients?" His answer: "That depends." It depends first of all on making a distinction between an individual's religious faith as a personal experience and his religion as an organized group of people or a body of doctrines and practices: in other words, a distinction between "faith" and "*The* Faith." Of course "faith" and "The Faith" are often, usually,

experienced by the individual at the same time, and he himself does not make clear distinction. "Faith" is the experience of believing; "The Faith" has to do with what is supposed to be believed. In both the cause and cure of emotional illness, religious faith as experience is more important than The Faith to which an individual belongs or subscribes.

But the question about the "return to religion" depends also on the attitude of representatives of The Faith. Many patients will want to express their new or reaffirmed religious faith by participation in some organized religious group. While the therapist ethically cannot determine which group, he can help the patient to evaluate what he hears, sees, and experiences in the church. "Religion" is a very broad term, and there is much pseudo-religion as well as much pseudo-psychotherapy. Religious spokesmen vary tremendously in their basic attitudes toward human beings as well as toward psychotherapy. What patients or other emotionally disturbed persons hear from these different spokesmen has its effect on both religious and psychological development.

Two more illustrations from the case of Pedro will emphasize this point. In one session Pedro reported:

> "A leader of Mom's church stopped me on the street the other day to show me a book on the relation between psychoanalysis and religion. He doesn't believe that anyone should deal with dreams except God, for they are something that God intends to keep secret and forbidden. That seemed silly to me, since I am trying to learn about myself, but I was polite and went my way. In a way, though, I was tempted to grab at this excuse not to reveal my dreams. They can be disturbing even when I don't understand them. I'm almost afraid to see through them, for fear I might learn something uncomplimentary about myself."

In another session Pedro emphasized that too much of what he heard at the church seemed unrelated to his life and needs:

> "I now go to church once a week, but more as a duty. Sometimes I like the sermons, but other times they are trite and put me to sleep. The one who is preaching gets us in the palm of his hand, then cuts off our interest by talking about something vague like 'spiritual happiness.' I figure that the rest of the flock has wandered off, lost too! If one can't find happiness here in California, how can one expect it up there on a pink cloud, strumming a harp but starved for a steak?"

Because the patient in psychotherapy is already so burdened with negative influences, and because he is necessarily so concerned with his own feelings, the influence of religion, if it is to help him, must be positive and it must be relevant to his needs.

The role of religious faith in the treatment of emotional illness depends, then, on the previous experience of the patient, on the religious beliefs of the therapist, and on the attitudes of religious leaders. In Pedro's case, his therapist encouraged him to develop and extend the positive quali-

ties in his personal faith and in his particular religion which might be helpful in his rehabilitation. This meant also, of course, helping Pedro to unearth and deal with the factors in his own personality and experience which had caused him to emphasize all out of proportion the negative aspects of his religious training. After more than two years of psychotherapy, in which Pedro faced many other problems as well as his religious confusion, the therapist was able to write in his summary for the case:

> "Pedro no longer needs to fancy himself the Messiah in order to have adequate self-esteem and self-respect. He has reluctantly but courageously given up most of his defenses, allowing himself to cope more effectively with the real world. He has reaffirmed his belief in God in his own personal and more satisfying way, and only after he was able to sweep away his religious misunderstandings and morbid concepts of a 'tyrannical' God, confused with his distorted father-image."

Perhaps one reason that many therapists have shied away from believing that religious faith can help their patients is that they think that divine power is available only through certain religious rituals. They have detoured along the same path as many patients—failing to look beyond religious symbols to the truth behind them.

Divine power in everyday experience is not dependent on or bound by religious form, for religious form is an interpretation of truth, not the truth itself. Divine power is at work in every human situation to the extent permitted by human experience and belief. It is constantly available to the psychotherapist, his patients, and to all who strive for greater maturity: "So that we may no longer be children, tossed to and fro. . . . Rather, speaking the truth in love, we are to grow up in every way" (Eph. 4:14-15, RSV).

A CHAPLAIN LOOKS AT HIS PATIENTS

THE REV. KEITH W. KEIDEL

Chaplain, Englewood Hospital, Englewood, New Jersey

Frequently I have encountered pastors, parishioners, physicians, and laymen from all walks of life who inquire with a genuine personal interest quite outside the realm of any curiosity, "How do you look at a patient?" or "What sort of personal philosophy do you have about sick people that enables you to look upon them so long?" Even a patient, in a burst of futility, once said to me, "I'd think you'd get sick looking upon us broken humanity every day!" To answer some of these inquiries and comments I have attempted, although mainly in non-religious language, to set down in some simple terms just how I, as a hospital chaplain, look at the patients I minister unto.

Most frequently I see the patient as a person full of fears, anxieties, and apprehensions. I see the patient as one who has had his meaningful relationships interrupted and/or distorted, either for a brief period or for an extended time. The patient truly feels the distortion of his relationships as well as he feels the distortion of his well-being through the manifested symptom. The person is sick because he has not found his relationships with himself, with others, or with the objective world of reality very meaningful, supportive, or elastic. From his early experiences in this life down to the present he has not felt that others have taken the time to understand his real feelings and desires and ambitions, perhaps because others have been too wrapped up in the futile attempts at discovering their own meaningful worlds. Others have been too superficial to bother to spend time with him; others have neglected him as he reached out. The world of his interpersonal relationships has been too evasive of his real attempts at *becoming* and searching out his real *being*.

I see the person who is the patient in an attempt at *becoming*. Life to him is never ended. Life to him is an on-going fulfilment in what he regards as a struggle to *become*. He may wish the struggle to end, but to *become* through self-awareness is his real desire. He is attempting to realize his God-created *being* in this process of *becoming*. This person who has a manifested symptom is overcome with anxiety originally intended to aid him in establishing himself.

Although most of us have an orientation to feeling that illness is negative, that illness is deteriorating, and that illness is generally to be avoided, I prefer to feel that illness has a positive language, that illness is construc-

tive in many respects, and that illness need not be avoided because it seems to many to be meaningless. Fear brings sickness; fear intensifies pain. But pain need not be destructive. Pain can be a force toward integration.

Although I do not want to equate pain with illness, I do wish to direct the idea that in illness there are present some very accessible forces for integration. When I see the patient I try to determine ways in which he is reaching out (or ways he fears reaching out) to communicate his distorted yet very real feelings. The person who has become the patient, in resorting to sickness, is reaching out—reaching out very far. He is wanting to grasp onto some real meaning. In his desperation he is saying, as one patient so graphically gestured, "Look, I've gone out on the last limb and I'm trying to tell you if you listen enough to let me know you regard me as human enough to have feelings!"

I see the patient as a human being with feelings—or even without feelings. I see the patient as a human being so overflowing with feelings that he must break walls in order to be heard or in order to feel his communications effective. Or again I see the patient as a human being so void of feeling that his very being seems spiritually lifeless. But I see feelings as limitations or as distortions. Whether it is within the personality framework of limitations or of distortions, I see the patient trying to communicate—trying to express himself by saying (and often in non-communicative language symbols): "I mean . . . I mean . . . I feel . . . I mean I've got feeling." Often the patient may be wanting to say: "Can't you accept my distortions; can't you tolerate my silence or my immobility? . . . if you hurt me like so many others have . . . if you can't really stand me then I'll have none of you and your good intentions."

I see the patient as a person. Here first and foremost is a person who has become the patient. I attempt not to look at the patient in the sense that he is odd, abnormal, or even too much different from myself. At this point I feel, however, that I must say that I regard myself as falling diagnostically into the indefinable limits of the normal. As far as I am able, I attempt not to see the patient as some complex of psychiatrically oriented jargon. I do not see the patient as a manic-depressive or as a schizophrenic or as a cardiac or as an involutional paranoid or as a case marked with a code of 22.4x. Occasionally I encounter the student who, in his need to parade the fact that he has studied clinically, feels he has "arrived" if he can spout the psychiatric jargon or dribble the medical terminology. I do not wish, however, to display a complete ignorance of the various medical and psychiatric diagnoses nor of the nomenclature held by the various schools of thought in psychology. Yet as a pastor I do not wish to be identified as a clinician as may be the hidden wish of those who reverence the magic of his language.

I must recognize that I have been idealistic in viewing the patient. Realistically I must see the patient as physically or organically ill. There *is* impairment of his feelings and relationships. But there *is* also impair-

ment of his physical body. I must recognize the objective findings of science. Yet I feel this need not negate the person's *becoming* and realizing his *being* outside the realms of physical limitations.

And, too, I see the patient as a product of all the personal and social and political and economic forces of this life intolerably placed upon a particular individual. I must say, yes, he is partly at fault. He is not to be held irresponsible for his vain attempts. I must say, yes, the personal and the socio-economic situations are partly at fault for this person's falling short of realization. Yet as a pastor I must recognize the part I play in the total matrix that has hindered a greater realization for the patient I would minister unto.

If I am a person I must relate as a person. I must abandon the shackles that bind my artificiality. I must shake loose from my unrecognized prejudices and twisted feelings. I am assured that I cannot *play* the role of the pastor. I have to *be* the pastor and yet I know I cannot *be* the pastor short of recognizing my *becoming*—and that can be so painful as to be wet with bitter tears. But always I am in the process of *becoming,* never completed, yet never anxiety-ridden that I have not yet been completed. This is in the same sense that the person I see is never completed and never fully comprehended.

So if I see myself as not yet completed I must recognize that I am incomplete. I see myself as one who attempts to relate with certain potentials and certainly with limitations. And I must see myself as not being big enough to take care of all the demands placed upon me. Potentially I know that I am vulnerable, that I, as anyone, can become sick. I have fears I cannot deny; I encounter intolerable frustrations from time to time; I am not immune from the forces of a social matrix. I am not immune from sin. I partake of it and I contribute to it. Thus I am a sinner. I know that I cannot realistically live in this world and escape its ills or avoid all its anxieties. I know that I cannot serve as a professional person and be completely free from neurotic involvements. I am not so untouchable as to remain immune from the world in which I live. No matter how I may wish to feel because I have some professional standing, or a marginal economic existence, or live in a privileged community, I am not immune from becoming emotionally involved or physically ill. I know too many who have accomplished what we might term "the worthwhile things in life" who have become ill and hated themselves because their experience with feeling had no meaning or message for them.

And as I am looking at the patient I am looking at myself. As I am working with the patient I am working with myself for I am a part of human society, a part of its ills and a part of its health. If I reject the patient, I am rejecting part of myself. If I accept the patient, I am accepting part of myself. This, then, is the reverence for personality created by God in an Image I do not yet totally understand, totally feel, or totally perceive. I see through a mirror dimly for I know I am not fully known.

REFLECTIONS ON CLINICAL TRAINING: A MEDITATION

PHIL SHEN

Divinity School, University of Chicago

It is impossible at this point to know what the program has done, and is still doing to me, with the several days remaining. Perhaps it will not be too much to say that it will leave a lasting impression on my growing soul.

I cannot escape from the personal encounter called forth almost constantly. Yet at the same time, as much as I am involved in the different human relationships, deep reflection has taken place. The situations are real, and they are also highly educational. This is something the like of which I have seldom, if ever, experienced. Nowhere are involvement (for serving the people) and detachment (for study) better integrated.

I have always felt my own inadequacy in dealing with people as they are, not as I like them to be. Frankly, I have less interest in people than in ideas, for instance. Maybe that is the source of difficulty. But my experience here in six weeks reveals that concern for people and interest in ideas can be united as *one* concern, and that I can be emotionally involved with people more than I thought I would be capable of.

In this light I would single out three aspects of the program that have affected me most. First there is my relation with the patients. I pity them whenever I see them walking back and forth in the ward like animals in a cage, convulsing in the gulf between life and death, mumbling half-intelligibly, smiling with blank faces, singing without songs, and busy in a heaven-hell of their own—this moves me. Their words are so meaningless, yet precisely for the same reason so important. Their acts, sometimes so annoying, yet speak eloquently of themselves. I am forced to take them seriously. For somehow I cannot leave them alone by assigning them to the menagerie of the hopelessly sub-human. Where are their souls when their minds are degenerating? Where is God? The most horrible thing to my people (the Chinese) is the walking corpse. It is, I think, most embarrassing to my theology; yet to my love, if I have any, it has the

---

EDITOR'S NOTE: The author is a Chinese theological student from the Philippines who has been in this country for four years. He received his MA degree from Oberlin College in 1955, and since then has continued his studies at the Divinity School of the University of Chicago. He plans to teach in Southeast Asia after completing his theological studies in Chicago. This paper was written when Mr. Shen was at Oberlin and was taking clinical training under Dr. David Loegler.

greatest demand. Perhaps the soul can die before the body rests. If so, the rusting of these people is only more marked in a mental hospital.

And among them, Fred—epitome of human tragedy, of cruelty born of unconcern, unconcern born of what?—some death of soul? There *is* such a thing as evil. And it touches my heart with a thrust which I can dodge, but which, somehow, I cannot take lightly always, even if I wanted to. Many times I wanted to leave him alone. (What can you do?) But I couldn't quite do it. Maybe I shall, by getting through with this program, by leaving the hospital, by getting surrounded with souls that still appear alive, forget him. But I cannot guarantee that part of my soul will not die with him. Is this the meaning of the Cross—die daily, a million times, with the death of every soul? Is this the meaning of human impotence? You know something must be done, but you don't know what. You know something can be done, but you can't do it. You know nothing can be done, but you don't want to accept it. You want to; you don't want to. You can; you cannot. You know; you don't know. You do; you don't. He is; he is not. God is; God is not . . .

Group therapy has been most intriguing. If tragedy marks the above, then here it is curiosity. Intellectually stimulating, what has gone on three or more hours a week, ten sessions of it, has given me room for self-expression, instead of pressing hard on my soul, as the ward did. Here I could take the initiative, there I was caught. Here I could do my best; there I had no best to do, not even the better. Here I could think and say what I thought; there I did not know what to think and say. Here the net result pointed to self-satisfaction, there I was disturbed.

And yet here we have something also profound, although it is more of a disclosure than an incision. I envision two poles in our group, between two students, between detachment and involvement, between a structure that has solidified the force, and a force seeking yet rejecting any structure; between security in dogmatism and doubt rebelling yet unsatisfied. I often felt caught between. I dislike one because I see my own image there; I sympathize with the other because I like to be there. One is the cloister, the seminary, the half-lighted, stone cathedral; the other is the world in chaos, teeming and confused, yet searching and concerned. And it is the concern that attracts me more. Is it because I want to bring the Cathedral there? Or is it because there is where I come from? In my moment of involvement, when tears washed our vision, I thought the Cathedral an escape. But sometimes I think it a refuge, perhaps even for the student whose tears did not spring forth from the cathedral but from the world.

My sermon this evening climaxed my training. For a long time I was thinking about what would be best for my listeners. I prayed for a message. Did I find it tonight? I don't know. But I put myself into what I found. Thank God if it did any good. I say this to counteract

my strong desire to take the credit and enjoy it. Thus of all men my own message condemns me. But let me remember also the half hour when I felt I gave myself to God's use, for the sake of the people with whom I have found much of myself during these past weeks.

MENTAL HEALTH AND THE INDIVIDUAL

DANA L. FARNSWORTH, M.D.

Director of University Health Services, Harvard University

Instead of looking for rules, for formulae, for the right way of meeting any and all situations, we might much more profitably think in terms of attitudes and inner qualities. The ingrained habit of thoughtfulness, of thinking how it must appear to the other person, of awareness of the sensitivity of others, and of a general respect for people, are the really important matters. The capacity to give and receive affection, the ability to show anger and to tolerate it in others, the recognition of the presence of strong instinctive reactions such as pride, jealousy, and fear, are proper items for consideration in the educational process. In short, training in feeling is fully as essential for the truly educated person as training of the intellect.

In this connection it should be recalled that knowledge does not have to be complete in order to be effective though a certain degree of pervasion of knowledge is necessary. Just as all citizens in a community do not need to know the life cycle of the Anopheles mosquito and the parasites of the Plasmodium genus to control malaria, or know the bacteriology of Salmonello typhi to prevent typhoid fever, so the entire population does not need to know all the principles of mental health in order to apply them. But a few key individuals do need to know them, imperfect as their formulation may yet be. This is why the teacher and the health worker play such important parts in the process of building mental health. They see and work with the child while the fundamental attitudes toward life are still capable of rapid betterment, and they can also help alter parental customs and feelings in a constructive direction. The awareness of the need for and scope of mental health and the will to do something about it are the important qualities needed in the health worker and teacher. There then follows the slow, persistent, unspectacular attempt to build mental health and induce others to do so. In this endeavor the forces are so delicate and strong by turns that excessive energy and enthusiasm, even if only slightly misdirected, may do more harm than apathy and ignorance.

Freud commented in a somewhat similar vein to a group of psycho-

---

An excerpt from an address given before the Second General Session of the American School Health Association and printed with permission from *The Journal of School Health,* December, 1954.

analysts in 1910, "Let us remember, however, that it is not for us to advance upon life as fanatical hygienists or therapeutists." He then pointed out the hope that if those who are treating patients and who thereby discover the secrets of the neuroses make their knowledge available, "we may expect to gain the authority of the community in general and thus to achieve the most far-reaching prophylaxis against neurotic disorders."[1]

[1] Freud, S.: *Collected Papers,* Vol. II; Hogarth Press, London, 1953, pp. 295-296.

The Journal of

Pastoral Care

VOL. XI SUMMER, 1957 No. 2

EDITORIALS

Psychological Tests for Ministerial Candidates

In recent years there has been an increase in the use made of psychological tests in relation to candidates for the ministry, both by churches and theological schools. A survey of the current situation was presented by Elmer G. Million to the American Association of Theological Schools in 1954, and published in Bulletin 21 of the Association. Currently a comprehensive study of the relevance and utility of such tests is being undertaken by the Educational Testing Service of Princeton, supported by a grant from the Lilly Foundation. Whatever the findings of this and other studies, they should be of genuine help both to seminaries and denominations. But it seems wise also to keep in mind some more general factors about the relevance of tests to candidates for the ministry.

The unfortunate possibility always exists that the consideration of tests may be done out of the context of the totality of appraisal procedures —such as that set forth with great skill and wisdom in the Allport-Fairbanks report on methods used by the Protestant Episcopal Diocese of Massachusetts. Competent testing people themselves are acutely conscious of the limitations of tests. The danger lies rather with others who may exaggerate the revelatory power of the tests, and thus neglect relating their findings to those from other appraisal methods.

This danger is accentuated by the gadget-mindedness of our culture. We have been so successful with all kinds of "externalistic" methods, and, having found one that helps in a particular way, are all too likely to discard necessary supplementary procedures in the hope that the gadget will soon be improved and will cover everything. Yet *gadget vincit omnia* is a false hope, even in the future tense, in matters so delicate as this. It would be most unfortunate if a preoccupation with tests should result in slackening of attempts to have personal interviews with candidates, whether by school administrators, faculty members, psychiatrists, psychologists, or

parish ministers. But forewarned is forearmed. If the gadget or panaceatic type of thinking can be avoided, then the study of tests can be constructive and helpful.

A second concern may be stated in two ways. First, there is the danger that some personality type or series of types of "successful minister" may be promulgated and even dogmatized. Second, there is the question whether the values that can accrue from testing ministerial candidates require anything in the form of tests that are special or peculiar in nature.

As to the first concern, most advocates of such testing will deny that they are interested in finding a single personality type of successful minister. But we must guard also and equally against seeking certain traits which one might admit may be mixed in different proportions in different "successful" ministers. There are varieties of ministry. And provided there is some basic ability, and basic stability, the churches are likely to be enriched by having a variety of types of men in the ministry. Until recently, medicine suffered badly because of the notion that a student should first be particularly gifted in chemistry and biology at the elementary level. We must avoid similar types of mistakes.

As to the second concern, it has yet to be demonstrated that special tests, peculiar to this purpose, are needed for ministerial candidates. If what is wanted is information that can be used for general appraisal purposes, are not various types of personality tests, as they have been and will be developed, fully relevant? This would appear to be the implication of Molly Harrower in her effective book, *Appraising Personality*. If there are to be special tests for ministerial candidates, what function are they to perform that cannot be performed by general tests? And is that function, if it exists, so defined that we are prevented from falling into the trap of a special personality type, or a series of personality types, of the "successful" minister?

There seems to be one more general concern about testing requiring comment, having to do with the functions of any testing and with the use made of test findings. Although "screening-out" seems to be looked on as if it were a bit of profanity, everyone interested in tests nevertheless seems to assume that they may help in the screening-out process. At this point, however, the real question is: screening-out on what basis? Ought this basis not to be a lack of minimal ability, or psychotic trends, or severe emotional instability? If so, why special tests for ministers? If the screening-out is done on a "ministerial aptitude" basis, does this not presuppose a type, or series of types, or at least a collection of favored traits? We may acknowledge readily that tests can be of clear help in the necessary screening-out, and yet assert that the criteria on which the screening-out is done have nothing peculiar to do with the ministry.

It may be argued that the function of the tests is only minimally in terms of screening and that the major use to be made of test findings is in

giving hints and suggestions to a faculty, school administration, bishop, or committee on candidates that will aid them in helping the student. This is tricky. One cannot argue the opposite position, that such information is neither wanted nor needed. Neither would we want to contend that theological deans and professors, or even bishops, can never learn to utilize such information constructively, even though experience to date is not as reassuring on this point as one would wish.

This final concern is like the one mentioned just before. There is no substitute for the personal interactive processes that, of necessity, are partly appraising in nature. If a faculty member is inherently capable of learning to use test results constructively, then he is also inherently capable of making better appraisals of his students as a result of personal interaction. If the first process is so conducted as to aid the second, everyone benefits. But if it were dealt with, under the prestige and authority of science, so as to minimize the importance of the latter, then we should have net loss.

Study of the function of tests in the selection of ministerial candidates is of great importance. But the evaluation of findings, and even the planning of the studies, require prior attention to factors of the order mentioned here.

SEWARD HILTNER

A Reply to Dr. Hiltner

We very much appreciate the invitation of Dr. Hiltner and the Editors of this *Journal* to comment on his Editorial. Indeed, there are a great many specific points and implications that we feel should be singled out for specific comment, but we cannot do so here without abusing our invitation.

We sense two primary concerns. One is that tests can be overemphasized, whereas they must be kept in the context of the totality of appraisal and counseling procedures. The other is that development of "special" tests for the ministry could lead to the raising up of one or more stereotypes of a "successful" minister, and an unhealthy reduction in the variety of persons entering the ministry. These concerns are shared by many other people, including ourselves.

We know that it can be easy, by using a few well-chosen cases, to oversell a naive individual on the value of tests. But this is a problem of training people to use tests properly—not a criticism of testing procedures themselves. Among experienced testing people it is axiomatic that *all evaluative methods,* including application blanks, interviews, records of past performance, letters of recommendation, biographical information, as well as tests, *are seriously limited* as predictors of "success." Their relative validity varies from situation to situation, and must be determined afresh for each one. We note particularly that we know of no study where the interview has been shown to surpass appropriate tests in predictive capacity. Rather than criticize tests alone, it would seem appropriate to emphasize the limitations of *all* types of evaluative evidence.

That over half of the schools of the American Association of Theological Schools are now using tests in some way is a symptom of some felt dissatisfactions with other evaluative methods. We know that test scores can be used to improve predictions of theology school grades. But we do *not* know the validity of *tests or of any other data* for predicting the on-the-job effectiveness of a parish minister. Only research can provide such knowledge—research which, so far as we know, has never been published. We simply do not know whether tests will turn out to be more or less valid for this purpose than they are frequently presumed to be.

The variety of roles within the parish ministry, not to mention such specialized calls as the chaplaincy, mission work, teaching, and board secretariat, and the multitude of ways of being effective within any of these roles, makes it utterly unrealistic to attempt a simple formulation of "types of 'successful' minister." Our experience so far indicates that thinking about these matters is quite diversified; it *remains to be seen* how much generalization is possible. This very complexity of this area should challenge persons interested in the ministry to study it with care. As we see this problem it calls for a thoroughgoing effort to understand the varieties of work of a minister. What does he do? How? What psychological qualities, if any, underlie his performance?

On the basis of published studies, we know that ministerial students look much more like "ministers" than they look like "physicians" or "accountants" in terms of scores on the Strong Vocational Interest Blank. Other evidence, based on the Minnesota Multiphasic Personality Inventory and on the Briggs-Myers Type Indicator, suggests that theology students fall into certain profile groups with proportionately much greater frequency than unselected college populations do. These examples suggest that some kind of process is in operation *right now* that reduces the variety among persons entering the ministry. If this is inimical to the interests of the ministry, it is time to study the matter objectively.

One interpretation of Dr. Hiltner's concern over "special tests" seems to be that we should only employ general tests we would be willing to use with various other groups, to be sure that no one gets the idea that some special or particular abilities are more important for the ministry than for other vocations. Yet we cannot take this seriously, for we have no assurance that general tests even exist to measure *all* the qualities that are of widespread importance and that are important for the ministry in particular. A careful analysis of abilities and traits requisite to the ministry may indicate the need of some new testing instruments, which may initially appear to be "special," but which may ultimately have general utility.

Regarding "special" in a different sense, and we feel this is more likely the true concern, we recognize the common practice of test constructors of using materials that will maximize the superficial appearance of validity. For example, a reading test for dentists may draw upon

material in dental texts. This procedure adds little or nothing to the empirical predictive power of a test, but it adds considerably to its ease of acceptance by students.

We know so little at this stage of our understanding that it seems premature to quibble over whether to use special tests, in either sense of the word, or general tests. Rather we should all concentrate our energies systematically on identifying the various kinds of qualities that are necessary or desirable for effective performance in the several aspects of the ministry. Concurrently, there is the task of finding or devising tests or other appropriate techniques to measure them. If general tests are found to be serviceable—then there certainly is no need for special ones. But if an appropriate test is not available to measure a particularly important trait, then a new one must necessarily be constructed.

In short, we feel that it is premature to assume that one may judge the usefulness of tests on the basis of present knowledge. A number of thoughtfully-designed research studies are needed. By research we mean inquiry that is made without any axe to grind and with open-minded willingness to accept any result that may emerge, within the limitations of the research design used. The primary task facing those who are concerned over problems in this whole area is to get such research accomplished.

DAVID R. SAUNDERS
SAM C. WEBB

Educational Testing Service
Princeton, New Jersey

Coexistence

When theology has been willing to coexist with psychotherapy, it has generally taken one of two attitudes. On the one hand, it has allowed itself to become subservient to the interests of psychotherapy. It has settled for the role of what the Germans call *Hilfswissenschaft,* an auxiliary science. It has let psychotherapy define the human problem and it has oriented its subject matter to that type of problem.

On the other hand, theology has allowed itself to become aggressively defensive. Because psychotherapy has moved into the region of the human soul, a preserve posted hitherto for philosophers and theologians exclusively, theology has issued a warning: psychotherapy ought openly to acknowledge that its concern has taken it "beyond psychology" in the direction of metaphysics. While both attitudes reflect a concern for what psychotherapy is doing, which is real progress, neither attitude is adequate to the current demands on both fields for cooperative understanding.

Methodologies thrive only under conditions of autonomy. For only where methodological autonomy prevails is there genuine dialogue. Theology, therefore, ought not allow itself to become a junior partner in the business of psychotherapy. It would not be good for theology to work under that limitation; and it would not be good for psychotherapy to risk

reducing the influence of so major a partner in the conversation about man. Nor ought theology to insist that psychotherapy become a kind of secularized theology or metaphysic. That would be bad for psychotherapy because its scientific concentration and its public responsibility would be weakened. It would be equally bad for theology, because it would encourage what is already taking place to an alarming extent. It would encourage the development of psychotherapy as a substitute religion, a liturgical competitor of the Christian faith rather than a scientific collaborator. Psychoanalytic half-truths about man are much more easily exorcized in the medium of science than in the medium of cultic practice.

The two disciplines must exist side by side, autonomously, each developing its own lines, constantly remaining in conversation, each refusing to endanger the effectiveness of the other by making demands on it which are not ingredient in its own self-chosen method.

The effects of this method are most salutary for theology. When theological students are given the opportunity to assimilate some of the psychiatric insights, within the framework of their own autonomously developed theological understandings, these insights can become effective tools in the theological education of the Christian ministry. Now many theologians resist the suggestion that their special knowledges should be "useful." When they do, however, they jeopardize their own pedagogy, and from the standpoint of a faulty understanding of instrumentalism. An instrument is not a device for the practical exploitation of subject matter which is true independent of its uses. An instrument is itself a pedagogue. It educes meanings from an academic discipline which would not emerge in isolation from the practical operation.

Psychiatric insights in the hands of the theological student are not an extracurricular diversion. They are instruments which instruct him meaningfully in some of the deepest insights of the Christian faith. Psychiatry contains valuable media for making theological meanings come alive. The psychotherapeutic understanding of the human situation when applied to the body of the Christian faith has exerted an obstetric force delivering the faith at its liveliest levels of understanding. No theological student or pastor who has entered into the function of counseling through the help of psychotherapy need ever confess, as Father James does in Graham Greene's *The Living Room,* that every time he opens his mouth in the presence of disturbed people his "tongue is heavy with the . . . Catechism."

C. M.

The Appeal of Existentialism

While existentialism admittedly antedates Sartre, for many people today it is still he who is blamed for letting that philosophical jinni out of the bottle so to speak, with the result that it has become probably the most widespread thought-movement in the non-Communist world. For

some time it was resisted vigorously, if not actually attacked, by theologians. In recent years, however, it has been reconsidered and even viewed as an ally. It admittedly has strong appeal.

There are several significant characteristics to this movement, which perhaps explain in part the attention it is able to command. For instance, existentialism provides a criticism of all world-views which do not take into account the existing, anxious, deciding individual. It places strong emphasis on man, on the personal, and on the relational as the most important categories of thought. Actually existentialism is a movement which derives ultimately from the Bible via Augustine, Pascal, and Kierkegaard. And, not unlike Marxism and Freudianism, it is a cogent undercutting of the modern liberal, rational view of human existence.

Yet within its remarkable perceptions one also encounters some of its weaknesses. In its emphasis on man and on the personal, it fails to concern itself with the communal and social aspects of life. When it becomes cut off from its biblical basis—as often has been done—then existentialism identifies man's existence with his essence, and therefore becomes extremely pessimistic. Furthermore it fails to give rationality its due.

Existentialism therefore has not settled everything once and for all, but it has whetted our minds, our awareness, our feelings, our desires for further exploration as to the meaning and nature of existence. It constitutes both a threat and an incentive for more realistic thinking. Those religious leaders who have received clinical training and who, therefore, might be expected to be particularly aware of the relational as an important area of thought will do well to ponder some of the implications of existentialism, particularly as they impinge upon pastoral theology today.

R. J. F.

COMMUNICATIONS

Observations on Dr. Salzman's View of Religion

It is the intent of this communication to be critical of Dr. Salzman's recent essay in regard to his view of religion and the implications of that view for guilt, sin, and reconciliation. All of us engaged in pastoral care are grateful to psychoanalysis for what we learned from it and for the help we have received from such humane psychoanalysts as Dr. Salzman.

For the purposes of this discussion, Dr. Salzman's phrase "scientific psychology" may be accepted as meaning the use of empirical scientific methods in psychology as far as they are usable there. Scientific psychology begins roughly, then, in the late nineteenth century. Now for the criticism.

First, Dr. Salzman especially associates religion with pre-scientific psychology. This is, of course, quite erroneous. There was non-religious, even anti-religious psychological healing in the pre-scientific stage as well as religious psychological healing. Dr. Salzman himself mentions magic which prophetic Old Testament religion made war against. Incidentally, agnostic philosophers held and practiced pre-scientific psychology even as they advanced views on religion exactly like Dr. Salzman's. Which brings us to our second point.

Dr. Salzman thinks that religion, including the Judeo-Christian tradition, formulated doctrine and dogma in an effort to deal with such problems as growth, maturation, hostility, guilt, sibling rivalries, etc. Religion, of course, dealt with these things, but this fact does not account for dogma, doctrine, cultus, or religious ethics. The view that religion is due to an overcomeable inadequacy of man and disappears as man's adequacy is increased by science is not in any way peculiar to scientific psychology. It is not the judgment of a scientist as a scientist at all. It is an interpretation of religion from a non-religious point of view and existed long before scientific psychology and is not held by all scientific psychologists or indeed by all scientists in any field. It has no particular relation to science but is related directly to non-religious philosophy. To take the insights of religion about love into a non-religious philosophy which uses scientific psychology may improve both the philosophy and the scientific psychology but this does not mean that religion's contribution has been received.

What Dr. Salzman does not see is that, before the rise of scientific psychology, religious men and non-religious men used pre-scientific psychological means to heal psychical maladies just as before the rise of scientific medicine both religious and non-religious men used pre-scientific medicine to heal physical maladies. Neither religious or non-religious men have a special relation to scientific methods.

The idea that man needs religion less and less as he increases his adequacy to deal with nature and other men is not new. Indeed, it was first formulated clearly by Judaic and Christian thinkers. They called it "pride" or "self-exaltation." It was a Hebrew religionist whose myth of Adam's fall has the

serpent say, ". . . your eyes will be opened and you will be like God . . ." (Gen. 3:5). And St. Paul said, "Claiming to be wise, they became fools and exchanged the glory of the immortal God for images resembling mortal man . . . " (Rom. 1:22-23). Unfortunately, it is something we all do in one way or another. And this is what really gives us sin, guilt, and the need for reconciliation. Sin is pretension to be God, guilt is being in the wrong with God, reconciliation is the restoration of our worshipping relation with God. These words, of course, have reference to our relationship to ourselves, to other persons, and to the animal and material order, but to understand them and the realities which they name in a context without God is not scientific but merely non-religious.

A. T. MOLLEGEN

Virginia Theological Seminary
Alexandria, Virginia

BOOK REVIEWS AND NOTICES

EDITED BY THE REV. ROLLIN J. FAIRBANKS

The Urge to Punish: Henry Weihofen; Farrar, Straus and Cudahy, New York, 1956. 213 pp. $4.00.

The American Psychiatric Association annually presents to a person (psychiatrist or lawyer) who is considered "most worthy by reason of his contributions to the improvements of the relations of law and psychiatry" the Isaac Ray Award, named in honor of the American psychiatrist who in 1838 wrote the first systematic treatise on the Medical Jurisprudence of Insanity. By the terms of the award, the recipient is to deliver a series of lectures at some university having a law school and a medical school. Professor Weihofen gave his lectures at Temple University in Philadelphia; they are presented here.

Professor Weihofen, of the University of New Mexico, has long been a student of the relations of law and psychiatry; his volume *Insanity as a Defense in Criminal Law* appeared in 1933, and ever since then he has been enriching the literature on this ever-vexing subject.

He has chosen as his theme for this volume the so-called tests of criminal responsibility; the defects of those most commonly invoked (right and wrong and irresistible impulse), and how the approach to the problem of mental illness as a defense may be improved. Finally, he raises a question which must (or should!) trouble every clergyman, and, indeed, every decent citizen, namely, the justification (or lack of it) for capital punishment.

As for the tests, Professor Weihofen agrees with most psychiatrists that the so-called "right and wrong test" (dating from 1843) is wholly inadequate and unrealistic, and that the "irresistible impulse" test (originated in the United States in 1834) is hardly an improvement. These rules are "unpatchable"; they should be superseded, he says, by the New Hampshire rule or "product test," laid down in 1870 and much more recently affirmed in the District of Columbia. He finds serious defects too (as do many psychiatrists) in the formulation adopted for the Model Penal Code of the American Law Institute.

It is Chapter 6, "The Urge to Punish," which readers of this *Journal* will probably study with most interest. Capital punishment the author considers unworthy of a civilized community, and he calls for the aid of the psychiatrist and psychologist in building a "society that respects life." The so-called "instinctive sense of justice," he points out, is merely an outlet for our own aggressions, a rationalization of our search for a scapegoat. The statistics regarding homicide, he says, are better in our non-capital punishment states than in their more primitive neighbors, and the European experience is a pragmatic demonstration of the folly of capital punishment. Indeed, he says, the American penal policy is probably the "most ferocious" in the whole civilized world.

The volume is scholarly, readable, and progressive in attitude. It is recommended reading, not only for the clergy but for legislators, judges, and all who are interested in social problems.

WINFRED OVERHOLSER, M.D.

National Security and Individual Freedom: John Lord O'Brian; Harvard University Press, Cambridge, 1955, 84 pp. $2.00.

Two years ago, when the national temper was somewhat different from now, John Lord O'Brian, an eminent constitutional lawyer, delivered these Godkin Lectures at Harvard on a subject which was then controversial and is still a most challenging problem to our society. Mr. O'Brian addressed himself to the question of what happens to our personal liberties when our government at all levels, national, state and local, and a large number of our citizens become so disturbed at the threat to our national security from the Communists that basic guaranties in the Bill of Rights are gradually whittled away or neutralized.

Today the atmosphere seems calmer. Some of the most strident figures who seemed either unaware of or unsympathetic toward these freedoms are today either more silent, or perhaps just less well heard. Now, two years after O'Brian raised these fundamental questions, it is interesting to ask about the present state of affairs. What he perceived then many others have realized since. What, if anything, have we or our governments done to remedy the serious malady which the author saw as a force vitiating our essential liberties? O'Brian observed many disturbing phenomena, a number of which became so common as to pass without question in many quarters. The failure to be informed adequately of the charges against one, the denial of the right to see, much less to cross-examine, the witnesses on whose testimony one is being tried, the personal and economic hardship to which those involved are subjected—all these are the subject of deepest concern to O'Brian. He makes the points concisely and eloquently. Perhaps even more telling, however, is his illumination, supported by the findings in public opinion polls of Samuel Stouffer, the Harvard sociologist, of the state of mind of the American people with respect to all of this. Professor Stouffer found that less than 1 per cent of the general public interviewed volunteered any concern either about the internal Communist threat or the threat to civil liberties. In the case of community leaders interviewed the figure was about 5 per cent. One aspect of this finding, O'Brian believes, is that the general public is far less disturbed over the Communist menace than are the politicians. In a similar degree, the American people have been acquiescent or apathetic to the danger to civil liberties, partly due to the circumstance, as O'Brian thinks, that so few ever become personally involved in the toils of loyalty or security proceedings. The proportion of unawareness or apathy rose alarmingly between World War II and 1954 in terms of the percentage of Americans who would be willing to see essential freedoms diluted.

From O'Brian's lectures it is hard to imagine that the situation which so disturbed him could have been, or has been, cured in a hurry. Perhaps we have some grounds for belief that these loyalty and security procedures are handled more fairly, and at least more privately now. Whether the procedures have been amended sufficiently to prevent further erosion of the Bill of Rights is a hard question to which others should, and no doubt will, later address themselves. None, however, will survey the problem more succinctly or forcefully than Mr. O'Brian.

G. D'ANDELOT BELIN

Theology and Counseling: William T. Hulme; Muhlenberg Press, Philadelphia, 1956. 250 pp. $3.75.

The relation of Christian theology to pastoral counseling and to psychotherapy is a lively issue today. The author, though he attempts to get at underlying issues, takes his stand with the client-centered counseling of Carl Rogers and the confessional revealed theology of the Reformation. His premise is that Christian theological doctrines underlie pastoral counseling methods as resources in the individual's search for wholeness. Using the method of correlation, he relates the principles of client-centered pastoral counseling with Christian doctrines: confession with the concept of repentance; the need for understanding with the concept of redemption; and the need for growth with the concept of sanctification. Furthermore, he discovers in the Christian experience of "Justification by faith" and the means of Grace in the Scriptures and the Lord's Supper vitalities which go beyond the simple "adjustment" or self-realization theories of "secular" counseling.

After the initial surprise precipitated by what the author sets out to do, namely mix a humanistic psychotherapy with revealed theology, the reader settles down to find the latter moving over into the area of pastoral care. In fact, a better title might have been "Pastoral Care and Theology." One may safely include conversation about doctrine, Bible reading, prayer, and the administration of the sacraments in pastoral care in which the pastor is expected to function. But there is a real role conflict when the pastor is expected to give the parishioner the center of the stage in the beginning, and at the end to take over directively and to express his theological beliefs to support the person. It appears that the parishioner is then asked to approach God through dogma rather than through the person of the counselor as it was at the beginning of the relationship.

There are certain underlying assumptions of both client-centered counseling and of revealed theology which Hulme never quite probes. Were he to do so, he might then assume a directive approach (like a spiritual director) at the beginning. What is needed today is for pastors and psychotherapists to get at some of the basic presuppositions about man which have been discovered through the centuries of the Church's ministry and the recent years of clinical work. This search will have vital importance for pastors in their work with parishioners. This book may well be read for one man's attempt at a rapprochement; but the intellectually curious pastor will want to go on to the new symposia between clergy and psychotherapists, which continue to focus on this vital issue.

CHARLES W. STEWART

New Concepts of Healing: A. Graham Ikin; Association Press, New York. 262 pp. $3.50.

This volume is an extension of Miss Ikin's earlier book, *The Background of Spiritual Healing,* published in England by Allen and Unwin. The purpose of her latest volume is to restore the "unity of the physical, psychological, and spiritual activities of man" (a subject upon which she has lectured in England these many years), and to encourage people to investigate spiritual healing with an open mind.

Miss Ikin, an Anglican, stresses the urgent need to mobilize the spiritual forces of mankind in order to counteract the materialism which interferes with self-fulfillment. According to Jung, none of his patients over thirty-five years of age were cured unless they regained a healthy religious faith. Children learn more by imitating their teachers and parents than from listening to what they say. Much mental illness, and even suicide, seems to stem from faulty religious training. The lack of a deep faith in so many people may contribute to the restlessness of our age.

The author decries the mind-body dualism in current treatment procedures. The physician treats the body, the psychiatrist or psychotherapist treats the mind, and the minister, rabbi, or priest the soul. She suggests the treatment of the patient by all three disciplines, or ideally, by someone with a broad training that includes the three specialties, a rather stupendous task. Cooperation between clergy and psychotherapists is difficult because doctors become suspicious of religion when they discover a warped, religious viewpoint as a contributory cause of some disorders they treat. A patient may use religion as an escape from reality, where religion becomes little more than Freud's designation of an "opiate of the people." When a minister forces a religious approach upon a neurotic person, he may only reinforce the illness. The psychotherapist may be able to help the patient rebuild his personality to the point where he is ready to face his religious problems in a rational and constructive fashion, at which point the minister can be called in as an ancillary aid in the case. According to the author's contention, a religious conflict cannot be permanently solved without the advantage of a combined religious and therapeutic approach. If the patient's religious outlook is warped, the therapist may be forced to destroy the only religion the patient possesses in favor of preparing the ground for the construction of a sounder faith.

Both minister and psychotherapist, Miss Ikin argues, can work on either the psychological or spiritual level, whereas Professor Oates (*Religious Factors in Mental Illness*) believes that the two disciplines should tend their respective pastures, and the therapist should refer his patients to the clergyman for religious guidance rather than attempt it himself. Miss Ikin, on the contrary, believes that if the psychotherapist can arouse a divine spark in his patient and encourage the latter's search for a renewed, healthier religious faith, then the therapist is affecting "genuine spiritual healing." Obviously much could be said on both sides. If the therapist succeeds in this endeavor, then the religious counselor may not need to be drawn into the case. But how many psychotherapists are trained and willing to tackle and work through religious conflicts and problems? Perhaps the psychotherapist should gain more religious education as a part of his studies, so that he can become more effective in handling religious problems and distinguishing in his patients normal religious faith from abnormal religious delusion. It would be helpful if such schooling included at least one course in comparative religions to prepare the therapist for the various religious sects he is bound to encounter in his work with patients.

The author takes to task the false assumption by some religious sects that sickness is intended as a trial of man's endurance and faith, rather than the result of circumstance. If disease is God's wish, then, each year, we are throwing away millions of donated dollars spent on heart, cancer, and other

disease problem research. For a time Christian Science went overboard by denying that disease exists, thus negating the need for physicians. However, the current view of Christian Science seems to be that the physician's services should be "tolerated" while the patient awaits God's healing intervention. What is most important here is that faith is considered the essential and significant ingredient in getting and keeping well. Medical practitioners nowadays are more willing to admit that they do not "cure" anyone but simply accelerate the process of getting well, and some even confess the belief that the Creator has much more to do with some cures than man's "miracle drugs" and other modern treatment procedures.

The spiritual healer should not blame the patient for failure or throw the responsibility upon God by saying, in effect, "God sometimes says 'No.' " The blame, Miss Ikin believes, rests squarely upon the healer's own doubts and weak faith, a view with which many present-day evangelists, such as Oral Roberts, fully concur.

The author underlines the tremendous power of prayer in spiritual healing. It is therapeutic, creating a "telepathic rapport" between people, and motivates the patient's will to health. Another means of spiritual healing is by the laying on of hands, by which the mind of the healer allegedly stimulates the patient's body toward health. Miss Ikin makes no mention of the possible sexual and suggestive aspects of such a technique, though these might bear some investigation. Christ, of course, used this method to perform miracles, but did not *require* it since some of his cures were accomplished without direct contact with the person. Modern-day spiritual healers like Oklahoma's Roberts claim that the *method* used in spiritual healing is unimportant as long as the healer's and patient's faith is sufficiently strong.

The author relates examples from three continents of spiritual healing of cases of abscessed ears, cysts, pneumonia, polio, cancer, etc., excitingly reminiscent of the alleged miracles at Lourdes, investigated by physicians (and so graphically portrayed in Ruth Cranston's book, *The Miracle of Lourdes,* McGraw-Hill, 1955), where, similarly, the vital criterion of validity was immediate symptomatic improvement in proven organic cases at a speed too fast to be explained by natural causes alone. Those who have experienced such healing describe experiencing heat generated in the diseased body part at the moment of prayer and/or the laying on of hands, a tingling sensation, or an "electric current," while the physical improvement was occurring. The healer's strong faith may thus accelerate the patient's natural healing processes, perhaps by counteracting the low morale and masochistic regression in a person "too involved in distress to draw upon the resources of spirit directly." These cases, of course, do not eliminate the physician's services since, in all cases cited, the medical doctor had done all he could to aid and comfort the patient before—as a last resort—spiritual healing was attempted.

Miss Ikin attests to a current revival in England of spiritual healing, and bids us watch for more future evidence and research about this challenging proof of the power of faith and prayer. As with the plant experiments first tried in Pasadena, the results of prayer cannot be explained away as merely the effect of suggestion alone. Perhaps science, in a startlingly intimate way, is approaching the very threshold of God.

HAROLD KENNETH FINK

Effective Leadership in Human Relations: Henry Clay Lindgren; Hermitage House, New York, 1954. 279 pp. $3.50.

Hostility is a prominent factor in our attitudes toward our leaders. By hostility, the author of this interesting book means those feelings "expressing resistance, antagonism, opposition and rejection." Some clergymen will rise in protest to refute this thesis, but by so doing they may simply be illustrating its validity. Others may wish to ignore the presence of hostility in human relations because to them hostility is an evil emotion. Still others may be glad to learn that the apathy and indifference, about which they so frequently complain, may be due to a passive form of hostility which is prevented from erupting into open rebellion because of our standards of politeness and our fear of emotional outbursts.

Once we admit the existence of hostility, "we feel that we have to do something about it . . . fight it, run away from it, or give in to it." Dr. Lindgren concludes that the "effective leader is one who learns to expect and accept the hostility that is directed toward him and who at the same time learns to be less vulnerable, less easily disturbed by it."

Some social scientists, however, would take issue with the author's generalization that "hostile remarks or statements interfere with the smooth functioning of groups." While this may be true of groups which are new or rigid, it need not be true of mature groups which have learned how to use the emotions of hostility to propel themselves toward their goals without shattering the relationships among their members.

This book is especially valuable to ministers because it probes among the roots of hostility and unearths our ambivalent attitude toward our leaders. "Thus, if the leader does *not* do things for us, we feel angry because he has let us down, but if he *does* do things for us, we feel angry because it makes us feel dependent, and we resent the implication that we cannot do these things for ourselves."

Another statement in the book will raise one of the most controversial issues in Protestantism, namely: By what method are churches to secure their pastors? Should pastors be appointed by a bishop or other authority, or elected by vote of the congregation? Lindgren asserts that "in a democratic society like ours, the elected leader usually starts out with a greater advantage in the form of good will and acceptance on the part of group members than does the appointed leader." Does this spell doom for all appointive systems?

The penetrating insights of this book will prove of permanent value to the minister who seeks to understand himself and the feelings of others toward him as a leader.

W. RANDOLPH THORNTON

•

The Fields of Group Psychotherapy: S. R. Slavson, Editor; International Universities Press, New York, 1956. 338 pp. $6.00.

For those conversant in the field of group therapy the name of S. R. Slavson is a very familiar one. His writings, stemming from his clinical work at New York City's Jewish Board of Guardians, have been among the most helpful in describing the dynamics of the group process as it works for

therapy and in outlining specific methodology. Although his early writings dealt mainly with play therapy with children, his attention has been given increasingly to more inclusive fields until this latest symposium deals with broad applications of therapeutic group work in many differing settings. This book supplements the earlier *The Practice of Group Therapy* by emphasizing the work of the last ten years.

In many ways this book is a real find. Not only are the fundamental principles and values of group therapy set forth clearly in many different connections, but also almost half of the book deals with basic personality dynamics that lie behind such symptoms as drug addiction, stuttering, alcoholism, and delinquency. The chapters on the aged and on unmarried mothers are among the very best that this reviewer has found anywhere.

Although the major portion of the book deals with therapy groups in clinical settings, because the approaches described are often aimed at improving the level of functioning rather than attempting really basic change in personality patterns, a good deal of the material presented is useful for the nonmedical counselor. Unmarried mothers' groups, for example, are described as using a process of "spontaneous, nondirected group interaction" rather than the more usual orthodox psychotherapy of the direct analytic type. Guidance groups for parents, premarital counseling of couples in groups, and training groups in industry are illustrative of groups dealt with that have therapeutic overtones without being strictly therapy groups in the psychiatric sense. When this reviewer read that "people cannot learn the facilities of face-to-face relations in a back-to-face position" (p. 281), he was reminded of the church which scheduled a therapeutic group for parents of young children to meet with a psychiatrist at the same time as the Sunday morning service, thus implying that the need for dealing with feelings about children has a higher priority (at least for a time) than passive attendance at morning worship.

Most of the authors in this symposium point out that group therapy offers no general panacea to the mental hygiene needs of the community, but they also stress the real values found in groups which have as their chief characteristic the creation of an emotional climate in which free expression of feeling is instigated. That church leaders might well take into account the need for the release of feelings in their work with groups is an obvious implication of this kind of book. One word of warning needs, however, to be said. Therapeutic efforts in group situations call for even greater skill than counseling done with individuals, and the requisite training through participation in a therapy group is not easy to acquire.

ROBERT C. LESLIE

•

The Search Within: Theodor Reik; Farrar, Straus and Cudahy, New York, 1956. 657 pp. $7.50.

This book is the first of a series of volumes of selections from Theodor Reik's works. It contains material from previously published books, notably, *From Thirty Years with Freud, Fragments of a Great Confession, Listening with the Third Ear, The Secret Self,* and *The Haunting Melody.* A final portion of 187 pages, some of which is made up of letters from Freud, appears in print for the first time.

The book partakes of the character of an autobiography more than anything else, though with many wanderings into promising bypaths. His various relationships with Freud are explored in considerable detail and throw light on Freud's generosity and uncanny ability to size people up quickly and accurately. Some persons might question the desirability of going into so much detail concerning intimate personal relationships with others, material that might more appropriately be considered with the anonymity of case reports. The section on "The Gift for Psychological Observation" is one of the most stimulating and profitable in the book for the lay reader. The author has had many unfortunate experiences in his life and throughout the book various passages reflect a type of criticism which shows these tragic occurrences and resultant disappointments. To the professional in the field, acquainted with the great struggles of psychoanalysis in its formative years, these criticisms are clear and understandable. To a newcomer to the literature in this field they may be confusing.

This reviewer does not believe this volume is one to be recommended to those who are interested in promoting better collaboration and understanding between religion and psychiatry. Other books now available serve the purpose much better. For those interested in the experiences and intellectual development of one of the early workers in psychoanalysis the book will give many entertaining hours.

DANA L. FARNSWORTH, M.D.

•

Every Other Bed: Mike Gorman; The World Publishing Company, New York, 1956. 319 pp. $4.00.

The opening sentence of the author's introduction reads, "This book has been written for the express purpose of bringing to the American people the facts about the parlous state of psychiatric research and training in a country fat with prosperity, two-toned automobiles, and refrigerators which open from either side." There are, according to Mr. Gorman, 700,000 mental hospital beds in the United States, and this figure represents one half of all the hospital beds, both public and private, in this country. From this fact the title of the book is derived.

Something of the flavor of the book can be obtained from the above quotation. The author writes bluntly, hits hard, and pulls out most of the emotional stops in order to convince the reader of his point of view about mental hospitals and the care of patients. Mr. Gorman is an ex-newspaperman who is, at present, Executive Director of the National Mental Health Committee. He is well acquainted with the facts on mental illness in our country, and the book is documented fully as he develops the story of what is happening nationally both on the legislative and the research levels. He is convinced that the hopes of our mental patients are now in the hands of those who are working in the area of physiological treatment and, therefore, spends considerable time writing about the newest drugs.

The minister will find this book of use in helping him to evaluate the condition of our mental hospitals and the many needs that must be met if we are to bring any hope to a large section of our population.

LLOYD E. BEEBE

Teaching for Results: Findley B. Edge; Broadman Press, Nashville, 1956. 230 pp. $3.00.

Aimed at the typical Church schoolteacher this book seeks to improve teaching without making a radical change in curriculum resources. Dr. Edge, of Southern Baptist Theological Seminary, is aware of all the theological and educational insights of contemporary theory of Christian education, and he has done an admirable job of including these within the framework of the conventional Sunday School.

Professor Edge wants results. He believes that any lesson should lead to response in terms of knowledge, inspiration, or conduct; and in this book he concentrates on the conduct response. This leads to discussion of various methods, but beyond these there are the dynamics of the teaching-learning situation. There are the attitudes of the teacher and the learner as they are related in the atmosphere of the classroom. Ultimately, the Holy Spirit is the teacher.

The teacher must know his learners and their basic needs. Learning does not take place where there are generalized objectives and where the learner makes his own application. The results that are emphasized throughout the book mean that one teaches for conviction and decision, not only for Christ in the evangelical sense, but also for specific applications of one's loyalty to day-by-day living. It is this concrete help for the teacher that makes this book particularly useful.

Throughout the book one is aware of the author's concern for the current emphasis on relationships in the family and on a living faith, and this is why his book should be of particular pastoral interest. Dr. Edge makes use of these insights within the conventional framework of Bible study and Uniform Lessons, and the results may lead to a revolution in Sunday Schools of the more conservative denominations.

RANDOLPH CRUMP MILLER

Toward Understanding the Bible: Georgia Harkness; Scribner's, New York, 1954. 138 pp. $2.50.

This volume is a persuasive invitation to read the Bible. The author makes clear that her purpose is to lead to the Scriptures those who may have viewed the Bible as a mysterious book, and her manner of so doing is consistent with Christian humility. Scholarship, though solidly reliable, does not intrude to alarm the less learned, and Dr. Harkness' simple choice of language and logical arrangement of subject matter combine to make the book easy to read, comprehend, and remember.

With sensitivity but without condescension, the author may in this book be said to be going ahead of the ordinary person who hungers to find inspiration and truth through Bible reading, and gathering up the common stumbling blocks in his path. For instance, controversy over such concepts as "the Word of God" and "the inspiration of the Bible," which can so easily confuse and discourage those seeking to read the Bible for themselves, is dealt with in the first chapter. Here Dr. Harkness appraises the truth in the various positions and affirms, "We need not be afraid to study the Bible with open eyes."

In the matter of definitions, and throughout the book's common-sense suggestions concerning when, by whom, and how the Bible was written, and in an outline of its key ideas, there is a refreshing lack of dogmatism. The reader is not told what to believe but, presented with relevant facts, is implicitly urged to read the Bible for himself, making his own search for its heavenly treasure. And there is abundant encouragement that such treasure is to be found by everyone who truly seeks it.

Clergymen could well use this book as a guide to further reasoned and prayerful Bible study. Besides being useful to individual laymen, it would also be an excellent beginning for group study and discussion.

EDITH P. DRURY

•

On Call for Youth: Rudolph Wittenberg; Association Press, New York, 1955. 241 pp. $3.50.

The purpose of this book is to provide an understanding of adolescents in their normal state. It does not attempt to deal with juvenile delinquency, gang psychology, and misfits. The primary aim is simply to help the reader understand young people as they are, without going into causes.

Written in an easy and simple style, the book is addressed to parents and youth advisors, discussing the more common aspects of adolescence. Professor Wittenberg offers suggestions on how to get behind what a young person says to discover what he thinks. The book is illustrated with case studies and transcripts of interviews.

The author's thesis is that we must understand young people and accept them as they are. The old habit of meeting difficult situations by such exhortations as "You're a man now" or "Try to act grown up" or "People didn't do that years ago" are less than useless: they actually alienate. Generous space is given to such familiar problems of adolescence as frustration, loneliness, indifference, and romance. No attempt is made to underestimate the difficulty of the problems discussed. It is an excellent book for all parents and youth leaders.

J. FRANK SCHULMAN

•

New Channels for the Golden Years: New York State Joint Legislative Committee, Albany, New York, 1956. 151 pp. Free upon request.

The 1956 report of the New York Joint Legislative Committee on Problems of The Aging gives evidence that this important Committee has developed matured objectives and a keen sense of direction in relation to legislation and state programs affecting the aged. It is an excellent example of responsible state government cooperating with private agencies and availing itself of expert counsel to help solve problems in a major area of concern.

The report is too rich in material and of too wide a scope to summarize briefly. One illustration which should be of interest to churches gives a hint of what is in the book. In New York State there are 183 Golden Age Clubs and fourteen Day Centers in operation, serving approximately twenty-four thousand persons, or about 5 per cent of the elderly. The largest club has a

membership of eighteen hundred persons! It is noted that the club pattern cannot serve all the friendship needs of the aged, and the Committee is of the opinion that clubs should be set up under recreational and educational auspices rather than departments of social welfare.

PAUL B. MAVES

•

Trial by Ordeal: Caryl Chessman; Prentice-Hall, New York, 1955. 309 pp. $3.95.

At this writing the author is still alive and in prison after being condemned to death July 3, 1948. His writing shows the urgency and stress one might expect of one not knowing whether or not he would be executed before the book was completed. It reflects his need for and struggle to express distaste and despair of life. His hostility is unrestrained and jeopardizes a sympathetic reading.

Mr. Chessman bases his fight to live on the basis of an error in the court transcript rather than innocence. In so doing he brings to the reader a sense of the tragic groping of man's attempt to administer justice by eliminating the offender. Under the facade with which the author covers each of the characters and himself are real people for whom we all have a responsibility for producing. The answer of the State to their crimes has been a sentence of death or wishful thinking that a period of incarceration is adequate treatment.

The author's story is not a popular one. He does not win friends to his cause by the argument he uses. The real challenge is not to save Caryl Chessman's neck (as is the book's purpose) but the continued need to find ways to deal adequately with aberrant, sick and rebellious human beings. The theme deserves more consideration by church groups than is being given. If this happens, then Caryl Chessman may have made a positive contribution by his ordeal.

MARK SHEDRON

•

Sexual Understanding among Young Married Adults: B. David Edens; Family Life Publications, Durham, N. C., 1955. 72 pp. $1.50.

The purpose of this booklet is to report on the sexual knowledge of married adults. Unlike the Kinsey studies, it does not attempt to deal with sexual practice or behavior.

The results are based entirely upon "Sex Knowledge Inventory, Form X," developed at Duke University, and they are of questionable value because they are based upon only twenty people—ten men and ten women! A serious and thorough study can and should be made of this particular "inventory" or questionnaire. Unfortunately, this report is of little value.

J. FRANK SCHULMAN

OUR REVIEWERS

Winfred Overholser, M.D., is Director of Saint Elizabeths Hospital, Washington, D. C. . . . *G. d'Andelot Belin* is an attorney in Boston, Massachusetts . . . *Charles W. Stewart* is Associate Professor of Preaching and Pastoral Care

at Iliff School of Theology, Denver, Colorado . . . *Harold Kenneth Fink* is a group therapist at the American Foundation of Religion and Psychiatry, New York City . . . *W. Randolph Thornton* is Executive Director of the Department of Administration and Leadership, National Council of Churches of Christ in the U. S. A., New York . . . *Robert C. Leslie* is Associate Professor of Pastoral Psychology and Counseling at the Pacific School of Religion, Berkeley, California . . . *Dana L. Farnsworth, M.D.,* is Henry K. Oliver Professor of Hygiene and Director of the University Health Services at Harvard University, Cambridge, Massachusetts . . . *Lloyd E. Beebe* is Protestant Chaplain at Boston City Hospital, Boston, Massachusetts . . . *Randolph Crump Miller* is Professor of Christian Education at Yale Divinity School, New Haven, Connecticut . . . *Edith P. Drury* is a staff member at the Maine Sea Coast Mission, Bar Harbor, Maine . . . *J. Frank Schulman* is a minister in Youngstown, Ohio . . . *Paul B. Maves* is Professor of Religious Education at Drew Theological Seminary, Madison, New Jersey . . . *Mark Shedron* is Executive Director of the Department of Pastoral Services of the National Council of Churches, New York City.

CALL FOR BACK ISSUES

The following issues of the Journal of Pastoral Care are needed:

Vol. I, all issues (1947)
Vol. II, No. 1 (Spring 1948)
Vol. III, Nos. 3&4 (Fall-Winter 1949)
Vol. VII, No. 1 (Spring 1953)

If you have, or know of anyone who has, any of these issues to spare, please notify the Business Manager, Miss Emily A. Spickler, 2 East 103rd Street, New York 29.

We pay $1.00 per copy.

NOTES AND COMMENTS

Recognizing the need for more adequate training in pastoral care, the Pacific School of Religion and Pacific Lutheran Theological Seminary are cooperating with Herrick Memorial Hospital and the Lutheran Welfare Service of Northern California in providing an intensive three-week workshop in hospital ministry at the Herrick Memorial Hospital in Berkeley, June 24 through July 12. Designed especially as a laboratory for parish ministers, the program stresses both theory and practice in pastoral care. The faculty will include LeRoy B. Futscher, B.D., S.T.M., Director of Chaplaincy Service of the Lutheran Welfare Service of Northern California and Protestant Chaplain at Herrick Memorial Hospital; Robert C. Leslie, S.T.D., Ph.D., Associate Professor of Pastoral Psychology and Counseling at Pacific School of Religion; and Paul E. Morentz, B.D., M.D., Assistant Professor of Pastoral Care at Pacific Lutheran Theological Seminary; and the professional staff of Herrick Memorial Hospital, who will provide special lectures and demonstrations throughout the program.

•

The National Academy of Religion and Mental Health announces the publication of a 100-plus-page book entitled "Manual of Procedures, Topics and Materials for Discussion in Mental Health." Orders may be addressed to the Academy at 2 East 103rd Street, New York 29. The price is $1.50, postpaid.

•

St. John's Church, Lafayette Square, Washington, D.C., has decided to close its orphanage because of the declining need for such an institution. The large endowment and other assets will be utilized to establish a day-care center for mentally retarded children, including an educational program.

•

Childhood fears and anxieties lie at the root of much if not most of adult prejudice, according to a pamphlet prepared by Selma Hirsh on the basis of a well-known scientific study. The pamphlet, summarizing the five-volume *Studies in Prejudice,* is entitled *Fear and Prejudice,* and is obtainable for 25 cents from the Public Affairs Committee, a non-profit educational organization located at 22 East 38th Street, New York City.

•

The proceedings of the Fifth National Conference on Clinical Pastoral Education will be available at an early date under the title, *Clinical Education for the Ministry,* edited by Ernest E. Bruder and Marian L. Barb. Prepublication orders will in all likelihood be given a substantial discount, and orders should be sent to the Department of Pastoral Services, National Council of Churches, New York.

•

The American Institute of Family Relations, under the direction of Paul Popenoe, Sc.D., will present the Tenth Annual Summer Workshop on the Techniques of Counseling, August 5 through 17.

•

An Award of Recognition from the Mercer County, New Jersey, Association for Mental Health to the Association of Chosen Freeholders of the State of New Jersey was presented by the Rev. Warren L. Howell, Rector

of St. Michael's Episcopal Church in Trenton, at an annual dinner of the Freeholders' Association in Trenton on February 4. Principal speaker was Mr. Mike Gorman, Chairman of the National Committee on Mental Health. The award commended the Freeholders for their "pioneering activity and continuing interest in the field of mental health," and was presented on behalf of the National Association of Mental Health, New Jersey Division.

•

The Journal of Individual Psychology, a publication of the American Society of Adlerian Psychology, Inc., formerly known as *The American Journal of Individual Psychology,* has broadened its editorial policy. It is now to be considered as the medium of expression of those in psychology and related fields who are interested in a holistic, teleological, phenomenological, and socially oriented approach, based on the assumptions of an active creative self, an open dynamic system of motivation, and an innate potentiality for social living. Requests for sample copies and all other communications should be addressed to Dr. H. L. Ansbacher, Editor, University of Vermont, Burlington, Vermont.

•

The Friends Conference on Religion and Psychology was held at Swarthmore, Pennsylvania, May 3-5, 1957. The theme of the Conference was "The Roots and Fruits of Hostility," and the principal speaker was Dr. Leon Saul, Professor of Clinical Psychiatry and Chief of Preventative Medicine at the School of Medicine, University of Pennsylvania.

•

The International Journal of Religious Education, 257 Fourth Avenue, New York 10, published in May a special issue, entitled "Christian Growth through Dynamic Groups." Price 40 cents.

•

How to Plan and Conduct Workshops and Conferences, by Richard Beckhard, was published in 1956 by the Association Press, New York. 64 pages. Price $1.00.

CHANGE OF SUBSCRIPTION PRICE

As of July 1, 1957 the subscription price of this Journal will be $4.00 per year

Despite increased costs and mounting deficits, the subscription price of the *Journal* has been maintained at $3.00 per year, the original price. It is with reluctance, but also with a realistic view to the future of the *Journal,* that we announce this change in price.

The change will go into effect in this manner:

The present rate of $3.00 will apply to renewals of subscriptions expiring with the Spring 1957 and Summer 1957 issues. It will also apply to all new subscriptions received *before* July 1, 1957.

The new rate of $4.00 will apply to renewals of subscriptions expiring with the Fall 1957 issue and all expirations thereafter, as well as to all new subscriptions received *after* July 1, 1957.